

**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
**TOI/Sub-TOI:** H11I Individual Health - Disability Income/H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups  
**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

## Filing at a Glance

Company: Ohio National Life Assurance Corporation  
Product Name: DI BOE & Buy Sell  
State: Arkansas  
TOI: H11I Individual Health - Disability Income  
Sub-TOI: H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups  
Filing Type: Form/Rate  
Date Submitted: 09/28/2012  
SERFF Tr Num: ONFS-128682996  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: FORM 13DE-1, ET AL  
Implementation: On Approval  
Date Requested:  
Author(s): Doris Jackson, Peggy Johnson, Katherine Skerchock  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 11/14/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
State Filing Description:

**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
**TOI/Sub-TOI:** H11I Individual Health - Disability Income/H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups  
**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: These forms were filed in Ohio, our domiciliary state on 9/14/12. Forms filed in Ohio are deemed approved 30 days after filing is received, Ohio Rev. 395.1  
  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 11/14/2012  
State Status Changed: 11/14/2012  
  
Deemer Date: Created By: Katherine Skerchock  
Submitted By: Peggy Johnson Corresponding Filing Tracking Number:

### Filing Description:

RE:

FORM NO. - FORM NAME

Form 13DE-1 - Business Overhead Expense Disability Policy (BOE)

Form 13DB-1 - Disability Buy Sell Policy (Buy Sell)

Form 13DGI-1 - Guarantee of Physical Insurability Rider (BOE)

Form 13DSM-1 - Additional Monthly Benefit Rider (BOE)

Form 13DEB-1 - Extended Benefits Rider (Buy Sell)

Form 13DGB-1 - Guarantee of Physical Insurability Rider (Buy Sell)

The forms listed above are submitted for your review and approval. These forms are new and are intended to replace the forms listed below:

Form Number / Approval Date

93-DE-15 / 10-20-93

93-DE-65 / 10-20-93

93-DGI-1 / 10-20-93

93-DPI-1 / 10-20-93

93-DRD-1 / 10-20-93

93-DSS-1 / 10-21-93

93-DB-15/ 8-30-93

93-DGB-1 / 8-30-93

93-DEB-1 / 8-30-93

Policy Form 13DE-1 is a Business Overhead Expense Disability Policy. The coverage is designed to reimburse small business owners for normal and customary expenses necessary to maintain the business after a disability.

Policy Form 13DB-1 is a Disability Buy Sell Policy. The coverage is designed to provide the funds to purchase an insured's ownership interest in a business in the event of a long-term disability.

Forms 13DGI-1 (for use with BOE) and 13DGB-1 (for use with Buy Sell) are Guarantee of Physical Insurability riders. The riders allow the Insured to purchase additional coverage without evidence of physical insurability. They can be added only at time of issue.

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Form 13DSM-1 is an Additional Monthly Benefit Rider for use with the Business Overhead Expense Policy. The rider allows for the purchase of an additional monthly benefit that is payable for up to six months. It can be added only at time of issue.

Form 13DEB-1 is an Extended Benefits Rider for use with the Buy Sell policy. The rider allows for the extension of level benefits for disabilities occurring after age 60. It can be added only at time of issue.

The application that will be used in applying for coverage is Form 6465-AR, approved for use in your state on 6/23/11, State Tracking Number 48910.

Rates and actuarial memoranda are enclosed. The loss ratio for these policies is expected to be at least 50%. The policies are non-participating.

Please feel free to contact me with any additional questions or concerns. I can be reached at 1-800-366-6654, Dept. 7, Option 2 (press 7 after the initial greeting, the system does not prompt this), via fax at 1-513-794-4522, or at the following e-mail address: Doris\_Jackson@ohional.com.

Thank you for your assistance with this filing. I look forward to your approval.

Sincerely,

Doris Jackson, FLMI, AIRC, HIA, CCP  
Contract Compliance Regulatory Coordinator  
Contract Implementation Unit/Product Development

## Company and Contact

### Filing Contact Information

Doris Jackson,	Doris_Jackson@ohional.com
One Financial Way	513-794-6440 [Phone]
Cincinnati, OH 45242	513-794-4522 [FAX]

### Filing Company Information

Ohio National Life Assurance Corporation	CoCode: 89206	State of Domicile: Ohio
1 Financial Way	Group Code: 704	Company Type: Life and Annuity
Cincinnati, OH 45242	Group Name: ONFS	State ID Number:
(513) 794-6100 ext. [Phone]	FEIN Number: 31-0962495	

**State:** Arkansas  
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**Filing Company:** Ohio National Life Assurance Corporation

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Fee is \$50 per filing; Ohio fee is also \$50 per filing.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Ohio National Life Assurance Corporation	\$50.00	09/28/2012	63203782
Ohio National Life Assurance Corporation	\$250.00	10/03/2012	63371190

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Ohio National Life Assurance Corporation
<b>TOI/Sub-TOI:</b>	H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups		
<b>Product Name:</b>	DI BOE & Buy Sell		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/14/2012	11/14/2012

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/22/2012	10/22/2012
Pending Industry Response	Donna Lambert	10/03/2012	10/03/2012

### Response Letters

Responded By	Created On	Date Submitted
Peggy Johnson	11/09/2012	11/12/2012
Peggy Johnson	10/16/2012	10/16/2012

## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Disability Buy Sell Policy	Peggy Johnson	10/17/2012	10/17/2012
Form	Business Overhead Expense Disability Policy	Peggy Johnson	10/16/2012	10/16/2012
Form	Disability Buy Sell Policy	Peggy Johnson	10/16/2012	10/16/2012
Form	Guarantee of Physical Insurability Rider	Peggy Johnson	10/16/2012	10/16/2012

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H11I Individual Health - Disability Income/H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Disposition

Disposition Date: 11/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ohio National Life Assurance Corporation	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form (revised)	Business Overhead Expense Disability Policy	Approved-Closed	Yes
Form	Business Overhead Expense Disability Policy	Replaced	Yes
Form (revised)	Disability Buy Sell Policy	Approved-Closed	Yes
Form	Disability Buy Sell Policy	Replaced	Yes
Form	Disability Buy Sell Policy	Replaced	Yes
Form	Guarantee of Physical Insurability Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes

SERFF Tracking #:

ONFS-128682996

State Tracking #:

Company Tracking #:

FORM 13DE-1, ET AL

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Extended Benefits Rider	Approved-Closed	Yes
Form (revised)	Guarantee of Physical Insurability Rider	Approved-Closed	Yes
Form	Guarantee of Physical Insurability Rider	Replaced	Yes
Form	Business Overhead Expense Disability Policy	Replaced	Yes
Form	Disability Buy Sell Policy	Replaced	Yes
Form	Guarantee of Physical Insurability Rider	Replaced	Yes
Rate	Rate Schedule Pages - BOE	Approved-Closed	Yes
Rate	Rate Schedule Pages - Buy Sell	Approved-Closed	Yes

**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
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**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/22/2012
Submitted Date	10/22/2012
Respond By Date	11/23/2012

Dear Doris Jackson,

### Introduction:

*This will acknowledge receipt of the captioned filing.*

### Objection 1

- Guarantee of Physical Insurability Rider, Form 13DGB-1 (Form)

*Comments: Time Limit on Certain Defenses provision - Please revise the provision to make it clear that incontestability will apply only to the amount increased at each election period.*

### Objection 2

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

*Comments: Page 9, Total Disability or Totally Disabled. Please refer to RR 18 Sec. 5I, and replace any with all in Item (1).*

### Objection 3

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

*Comments: Page 11, Recurrent Disabilities. Please refer to RR 18 Sec. 7A(11), and revise the provision accordingly.*

*Recurrent disabilities cannot be separated by a period greater than 6 months.*

### Objection 4

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

*Comments: Page 12, Pre-existing Conditions. Please revise the provision to refer to material misrepresentations as stated in ACA 23-79-107.*

*Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.*

### Objection 5

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

*Comments: Page 14, Time Limit on Certain Defenses. Please add to Item (2) that the misstatement must be material.*

### Objection 6

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

*Comments: Page 15, Misstatement of Age or Gender. Please add to item (3) that it is subject to the Time Limit on Certain Defenses provision.*

### Objection 7

- Outline of Coverage (Supporting Document)

*Comments: Item g in the exclusions section is not included in the policy. Please remove this exclusion.*

### Objection 8

- Outline of Coverage (Supporting Document)

*Comments: Page 2, Pre-existing Conditions. Please include a statement that misrepresentations in the application must be material and that (b1) and (b2) apply to the previous 5 years.*



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**Objection 9**

- Outline of Coverage (Supporting Document)

Comments: Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Objection 10**

- Outline of Coverage (Supporting Document)

Comments: Page 2, Renewal Provisions. The renewal conditions in the Outline do not include all of those stated in the Policy. Please correct the Outline.

**Objection 11**

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 7, Total Disability or Totally Disabled. Please refer to RR 18 Sec. 5I, and replace any with all in Item (1).

**Objection 12**

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 10, Pre-existing Conditions. Please revise the provision to refer to material misrepresentations as stated in ACA 23-79-107.

Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Objection 13**

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 12, Time Limit on Certain Defenses. Please add to Item (2) that the misstatement must be material.

**Objection 14**

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 13, Misstatement of Age or Gender. Please add to item (3) that it is subject to the Time Limit on Certain Defenses provision.

**Objection 15**

- Outline of Coverage (Supporting Document)

Comments: Item g in the Policy Exclusions and Limitations section is not included in the policy. Please remove this exclusion.

**Objection 16**

- Outline of Coverage (Supporting Document)

Comments: Pre-existing Conditions. (a) this item is subject to the Time Limit on Certain Defenses provision. Please include a statement that misrepresentations in the application must be material and that (b1) and (b2) apply to the previous 5 years.

Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Objection 17**

- Outline of Coverage (Supporting Document)

Comments: Time Limit on Certain Defenses. Please indicate that the misstatement must be material.

**Conclusion:**

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make

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*a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

Sincerely,  
Donna Lambert

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**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
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marketing with employer or association groups  
**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/03/2012
Submitted Date	10/03/2012
Respond By Date	11/05/2012

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Dear Doris Jackson,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

*The filing fee submitted is incorrect. We will accept the domicile state fees only if the domicile state fees are greater than the fees outlined for the State of Arkansas. The fee for this submission is \$50 per form for a total of \$300. Please submit an additional \$250.*

*We will begin our review of this submission upon receipt of the additional filing fee.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Donna Lambert*

**State:** Arkansas**Filing Company:** Ohio National Life Assurance Corporation**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups**Product Name:** DI BOE & Buy Sell**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/09/2012
Submitted Date	11/12/2012

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Dear Donna Lambert,

**Introduction:**

Thank you for your response to this filing. Please see our comments below.

**Response 1****Comments:**

1. Form 13DGB-1 has been revised to further clarify that incontestability will apply only to the amount increased at each election period. The new form number for this form is 13DGB-1.AR.

**Related Objection 1**

Applies To:

- Guarantee of Physical Insurability Rider, Form 13DGB-1 (Form)

Comments: Time Limit on Certain Defenses provision - Please revise the provision to make it clear that incontestability will apply only to the amount increased at each election period.

**Changed Items:**

No Supporting Documents changed.

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

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## Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Guarantee of Physical Insurability Rider	Form 13DGB-1.AR	POLA	Initial		56.000	13DGB-1.AR.pdf	Date Submitted: 11/12/2012 By: Peggy Johnson
Previous Version								
1	Guarantee of Physical Insurability Rider	Form 13DGB-1	POLA	Initial		56.000	13DGB-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
1	Guarantee of Physical Insurability Rider	Form 13DGB-1	POLA	Initial		56.000	Form 13DGB-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson

No Rate/Rule Schedule items changed.

## Response 2

## Comments:

2. Item (1) of the definition of Total Disability or Totally Disabled doesn't use the word "any" to define when the insured is totally disabled; instead, it uses "any" to define when the insured is not totally disabled. Therefore, it is saying that if the insured can do any duty then he is not totally disabled. This definition corresponds with what RR 18 Sec. 5I says.

## Related Objection 2

Applies To:

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

Comments: Page 9, Total Disability or Totally Disabled. Please refer to RR 18 Sec. 5I, and replace any with all in Item (1).

## Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Business Overhead Expense Disability Policy	Form 13DE-1.AR	POL	Initial		53.000	13DE-1.AR.pdf	Date Submitted: 11/12/2012 By: Peggy Johnson
Previous Version								
1	Business Overhead Expense Disability Policy 1	Form 13DE-	POL	Initial		53.000	FORM 13DE-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
1	Business Overhead Expense Disability Policy 1	Form 13DE-	POL	Initial		53.000	Form 13DE-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson

No Rate/Rule Schedule items changed.

## Response 3

## Comments:

3. The time period of 365 days has been changed to six months in both the definition of Elimination Period and the Recurrent Disabilities provision. (Note this change was also made to the definition of Elimination Period in Form 13DB-1 as well.) Because of this change, the form number for this policy has been changed to 13DE-1.AR.

## Related Objection 3

Applies To:

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

Comments: Page 11, Recurrent Disabilities. Please refer to RR 18 Sec. 7A(11), and revise the provision accordingly. Recurrent disabilities cannot be separated by a period greater than 6 months.

## Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 4****Comments:**

4. Although ACA 23-79-107 refers specifically to statements made in applications, we have modified the Pre-existing Conditions provision as requested with regard to material misrepresentations. An additional statement regarding conditions that have been specifically excluded is not needed as this is already covered in the first sentence of the provision. Is there a statutory basis requiring a 12 month period if the application does not seek prior disclosure?

**Related Objection 4**

Applies To:

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

Comments: Page 12, Pre-existing Conditions. Please revise the provision to refer to material misrepresentations as stated in ACA 23-79-107.

Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 5****Comments:**

5. Since item (2) of the Time Limit on Certain Defenses provision refers to fraudulent misstatements, it does not appear necessary to also refer to material misstatements. According to ACA 23-79-107 referenced in Objection 4, misstatements can be either fraudulent or material; they don't have to be both.

**Related Objection 5**

Applies To:

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

Comments: Page 14, Time Limit on Certain Defenses. Please add to Item (2) that the misstatement must be material.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

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No Rate/Rule Schedule items changed.

**Response 6****Comments:**

6. The Time Limit on Certain Defenses provision does not apply to the Misstatement of Age or Gender provision. The latter is a provision that simply allows for the correct coverage and or premium to be charged in case there was an error in the person's age or gender. This correction could be made at any time, not just within the time period of the Time Limit on Certain Defenses provision.

**Related Objection 6**

Applies To:

- Business Overhead Expense Disability Policy , Form 13DE-1 (Form)

Comments: Page 15, Misstatement of Age or Gender. Please add to item (3) that it is subject to the Time Limit on Certain Defenses provision.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 7****Comments:**

7. The exclusions section of the Outline of Coverage document has been changed as requested.

**Related Objection 7**

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Item g in the exclusions section is not included in the policy. Please remove this exclusion.

**Changed Items:**



<b>State:</b>	Arkansas	<b>Filing Company:</b>	Ohio National Life Assurance Corporation
<b>TOI/Sub-TOI:</b>	H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups		
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Supporting Document Schedule Item Changes	
Satisfied - Item:	Outline of Coverage
Comments:	
Attachment(s):	
1301.AR.pdf	
1201.AR.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Outline of Coverage</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>Form 1201 BOE Outline of Coverage.pdf</i>	
<i>Form 1301 Buy Sell Outline of Coverage.pdf</i>	

No Form Schedule items changed.  
No Rate/Rule Schedule items changed.

## Response 8

### Comments:

8. The Pre-existing Conditions section of the Outline of Coverage document has been changed as requested.

## Related Objection 8

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Page 2, Pre-existing Conditions. Please include a statement that misrepresentations in the application must be material and that (b1) and (b2) apply to the previous 5 years.

### Changed Items:

No Supporting Documents changed.  
No Form Schedule items changed.  
No Rate/Rule Schedule items changed.

## Response 9

### Comments:

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

9. An additional statement regarding conditions that have been specifically excluded has been added to the Pre-existing Conditions section. Is there a statutory basis requiring a 12 month period if the application does not seek prior disclosure?

**Related Objection 9**

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 10****Comments:**

10. The Renewal Provisions section has been modified as requested.

**Related Objection 10**

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Page 2, Renewal Provisions. The renewal conditions in the Outline do not include all of those stated in the Policy. Please correct the Outline.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 11****Comments:**

11. Our use of the word "any" is not used in a statement that says the insured can't do any of the duties; it is used in a statement that says the insured isn't doing any work for the business entity. Because of the nature of the Buy Sell benefit, we won't pay a benefit that is meant to buy out the insured's interest in the business if the insured is still working for the business.

**Related Objection 11**

Applies To:

**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups  
**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 7, Total Disability or Totally Disabled. Please refer to RR 18 Sec. 5I, and replace any with all in Item (1).

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes:**

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Disability Buy Sell Policy	Form 13DB-1.AR	POL	Initial		51.000	13DB-1.AR.pdf	Date Submitted: 11/12/2012 By: Peggy Johnson
Previous Version								
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	FORM 13DB-1.pdf	Date Submitted: 10/17/2012 By:
Previous Version								
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	13DB-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	Form 13DB-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson

No Rate/Rule Schedule items changed.

**Response 12**

**Comments:**

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

12. The Pre-existing Conditions provision has been modified as requested with regard to material misrepresentations. An additional statement regarding conditions that have been specifically excluded is not needed as this is already covered in the first sentence of the provision. Is there a statutory basis requiring a 12 month period if the application does not seek prior disclosure?

**Related Objection 12**

Applies To:

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 10, Pre-existing Conditions. Please revise the provision to refer to material misrepresentations as stated in ACA 23-79-107.

Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 13****Comments:**

13. Since item (2) of the Time Limit on Certain Defenses provision refers to fraudulent misstatements, it does not appear necessary to also refer to material misstatements. According to ACA 23-79-107 referenced in Objection 4, misstatements can be either fraudulent or material, they don't have to be both.

**Related Objection 13**

Applies To:

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 12, Time Limit on Certain Defenses. Please add to Item (2) that the misstatement must be material.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 14****Comments:**

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

14. The Time Limit on Certain Defenses provision does not apply to the Misstatement of Age or Gender provision. The latter is a provision that simply allows for the correct coverage and or premium to be charged in case there was an error in the person's age or gender. This correction could be made at any time not just within the time period of the Time Limit on Certain Defenses provision.

**Related Objection 14**

Applies To:

- Disability Buy Sell Policy , Form 13DB-1 (Form)

Comments: Page 13, Misstatement of Age or Gender. Please add to item (3) that it is subject to the Time Limit on Certain Defenses provision.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 15****Comments:**

15. The exclusions section of the Outline of Coverage document has been changed as requested.

**Related Objection 15**

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Item g in the Policy Exclusions and Limitations section is not included in the policy. Please remove this exclusion.

**Changed Items:**

State:	Arkansas	Filing Company:	Ohio National Life Assurance Corporation
TOI/Sub-TOI:	H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups		
Product Name:	DI BOE & Buy Sell		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Outline of Coverage
Comments:	
Attachment(s):	
1301.AR.pdf	
1201.AR.pdf	
Previous Version	
Satisfied - Item:	Outline of Coverage
Comments:	
Attachment(s):	
Form 1201 BOE Outline of Coverage.pdf	
Form 1301 Buy Sell Outline of Coverage.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 16

Comments:

16. The Pre-existing Conditions section of the Outline of Coverage document has been changed as requested except for the 12-month exclusion of conditions for which prior disclosure was not sought or that are not specifically excluded. Is there a statutory basis for this requirement?

Related Objection 16

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Pre-existing Conditions. (a) this item is subject to the Time Limit on Certain Defenses provision. Please include a statement that misrepresentations in the application must be material and that (b1) and (b2) apply to the previous 5 years.

Add a statement that coverage for a pre-existing condition cannot be excluded for a period of more than 12 months after the effective date of the policy if the application does not seek prior disclosure or if the condition is not specifically excluded.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

**Response 17****Comments:**

17. The Time Limit on Certain Defenses provision refers to fraudulent misstatements; it does not appear necessary to also refer to material misstatements. According to ACA 23-79-107 referenced in Objection 4, misstatements can be either fraudulent or material, they don't have to be both.

**Related Objection 17**

Applies To:

- Outline of Coverage (Supporting Document)

Comments: Time Limit on Certain Defenses. Please indicate that the misstatement must be material.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

We trust you will find this response acceptable and look forward to hearing from you.

Sincerely,

Peggy Johnson

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**State:** Arkansas **Filing Company:** Ohio National Life Assurance Corporation  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to  
marketing with employer or association groups  
**Product Name:** DI BOE & Buy Sell  
**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/16/2012
Submitted Date	10/16/2012

---

Dear Donna Lambert,

**Introduction:**

**Response 1**

**Comments:**

The additional filing fees have been added under the Filing Fees tab.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your continued interest in this filing.

Sincerely,

Peggy Johnson



State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Amendment Letter

Submitted Date: 10/17/2012

Comments:

Good Afternoon. We are replacing Form 13DB-1 because the specifications page was missing from the last version. Please accept our sincere apologies for any inconvenience this may cause.

Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	FORM 13DB-1.pdf	Date Submitted: 10/17/2012 By:
<i>Previous Version</i>								
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	13DB-1.pdf	Date Submitted: 10/16/2012 By:
<i>Previous Version</i>								
1	Disability Buy Sell Policy	Form 13DB-1	POL	Initial		51.000	Form 13DB-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson

No Rate Schedule Items Changed.

No Supporting Documents Changed.

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**SERFF Tracking #:**

ONFS-128682996

**State Tracking #:****Company Tracking #:**FORM 13DE-1, ET AL

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**State:**

Arkansas

**Filing Company:**

Ohio National Life Assurance Corporation

**TOI/Sub-TOI:**H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or  
association groups**Product Name:**

DI BOE &amp; Buy Sell

**Project Name/Number:**/

---

## Amendment Letter

Submitted Date:

10/16/2012

Comments:

Hello. After we submitted these forms, we made some changes, and so are replacing the original forms with the attached versions. We apologize for any inconvenience this may cause.

Changed Items:

SERFF Tracking #:

ONFS-128682996

State Tracking #:

Company Tracking #:

FORM 13DE-1, ET AL

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H11I Individual Health - Disability Income/H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Business Overhead Expense Disability Policy 1	Form 13DE-1	POL	Initial		53.000	FORM 13DE-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
1	Business Overhead Expense Disability Policy 1	Form 13DE-1	POL	Initial		53.000	Form 13DE-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson
2	Disability Buy Sell Policy 1	Form 13DB-1	POL	Initial		51.000	13DB-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
2	Disability Buy Sell Policy 1	Form 13DB-1	POL	Initial		51.000	Form 13DB-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson
3	Guarantee of Physical Insurability Rider	Form 13DGB-1	POLA	Initial		56.000	13DGB-1.pdf	Date Submitted: 10/16/2012 By:
Previous Version								
3	Guarantee of Physical Insurability Rider	Form 13DGB-1	POLA	Initial		56.000	Form 13DGB-1.pdf	Date Submitted: 09/28/2012 By: Peggy Johnson

**SERFF Tracking #:**

ONFS-128682996

**State Tracking #:**

**Company Tracking #:**

FORM 13DE-1, ET AL

**State:**

Arkansas

**Filing Company:**

Ohio National Life Assurance Corporation

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or  
association groups

**Product Name:**

DI BOE & Buy Sell

**Project Name/Number:**

/

*No Rate Schedule Items Changed.*

*No Supporting Documents Changed.*

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Form Schedule

### Lead Form Number: 13DE-1

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/14/2012	Business Overhead Expense Disability Policy	Form 13DE-1.AR	POL	Initial		53.000	13DE-1.AR.pdf
2	Approved-Closed 11/14/2012	Disability Buy Sell Policy	Form 13DB-1.AR	POL	Initial		51.000	13DB-1.AR.pdf
3	Approved-Closed 11/14/2012	Guarantee of Physical Insurability Rider	Form 13DGI-1	POLA	Initial		56.000	Form 13DGI-1.pdf
4	Approved-Closed 11/14/2012	Additional Monthly Benefit Rider	Form 13DSM-1	POLA	Initial		50.000	FORM 13DSM-1.pdf
5	Approved-Closed 11/14/2012	Extended Benefits Rider	Form 13DEB-1	POLA	Initial		54.000	Form 13DEB-1.pdf
6	Approved-Closed 11/14/2012	Guarantee of Physical Insurability Rider	Form 13DGB-1.AR	POLA	Initial		56.000	13DGB-1.AR.pdf

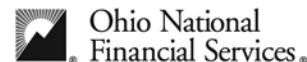
### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Ohio National Life Assurance Corporation
<b>TOI/Sub-TOI:</b>	H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups		
<b>Product Name:</b>	DI BOE & Buy Sell		
<b>Project Name/Number:</b>	/		


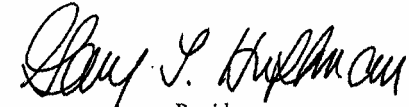
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages
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# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on page 12. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[  Secretary       President ]

**20 Day Right to Examine the Policy:** You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Noncancellable and Guaranteed Renewable to Age 65:** We cannot cancel this policy as long as you pay premiums. You can renew it each year before Age 65. We cannot raise the rates or add restrictions during that time.

**Conditionally Renewable to Age 75, Subject to Premium Changes:** You may renew this policy one year at a time, without any of the attached riders, from Age 65 up to and at Age 75 so long as: (1) the policy was in force for the prior Policy Year; (2) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (3) you are regularly employed at least 30 hours a week in your Business; (4) your completed application for renewal has been approved by us; and (5) you pay the premiums that will be based on our rates then in use for such ages.

## **Business Overhead Expense Disability Policy**

*Nonparticipating*

*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

*Benefit and Premium Amounts on Page 3*

**Insured**    John Doe  
**Issue Age**    35  
**Policy Date**    09/15/2012

**Policy Number**    H6000000  
**Issue Date**    09/15/2012

## Policy Contents

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## **Notice to Arkansas Policyholders**

If you have any questions about a problem with your insurance policy, please contact your agent or:

**Agency Name**  
**Agency Address**  
**Agency City, State Zip**  
**Agency Phone Number**

**Ohio National Life**  
**Client Services Division**  
**P.O. Box 237**  
**Cincinnati, Ohio 45201-0237**  
**Toll Free No.: 1-800-366-6654**

If you cannot resolve your problem directly with the Insurer, you may contact:

**Arkansas Department of Insurance**  
**1200 West Third Street**  
**Little Rock, Arkansas 72201-1904**  
**Toll Free Number: 1-800-852-5494**

This notice of complaint procedure is for information only and does not become a part or condition of this policy.

## **Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act**

Residents of this State who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this State to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this State and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **Disclaimer**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this State. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **Coverage**

Generally, individuals will be protected by the Guaranty Association if they live in this State and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## Exclusions from Coverage

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another State (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof that is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (that give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by state or federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents that do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## Limits on Amount of Coverage

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**Policy Specifications****Benefit Specifications****Premium Specifications**

<b>Benefit Amounts Per Mo.</b>	<b>Description of Benefits</b>	<b>Annual Premium</b>	<b>Years Payable</b>	<b>Form Number</b>
\$ [10,000] <b>A</b>	Maximum First Month Total Disability Benefit Elimination Period - [90 Days] <b>B</b>	\$ [803.00] <b>C</b>	[30] <b>D</b>	13DE-1.AR
	Waiver of Premium After [90 Days] of <b>B</b> Disability--See Benefit Description			

**Additional Benefit Agreements**

\$ [5,000] <b>E</b>	Additional Monthly Benefit	\$ [209.50] <b>F</b>	[30] <b>G</b>	13DSM-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount	\$ [28.50] <b>I</b>	[25] <b>J</b>	13DGI-1
		\$[5,000] <b>H</b>		

**NOTES:** Maximum Total Benefit for the first six months: \$ [90,000] **K**  
Maximum Total Benefit: \$ [150,000] **L**

**Policy Number**  
[H6000000]

**Policy Date**  
[09/15/2012]

**Issue Date**  
[09/15/2012]

**Insured**  
[John Doe]

**Issue Age & Sex**  
[35 Male]

**Owner**  
[The Insured]

**Total Premium  
Annual**  
\$[1,041.00]  
**M**

**Semiannual**  
\$[533.51]  
**N**

**Quarterly**  
\$[273.26]  
**O**

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## Definitions

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business

The Partnership, Corporation or Sole Proprietorship the Insured was working in at the time Disability began and in which the Insured has an ownership interest.

### Covered Business Expenses

These are normal and customary business expenses regularly incurred by you in your Business. A Covered Business Expense must be deductible for federal income tax purposes. Covered Business Expenses include but are not limited to:

- (1) Rent;
- (2) Gas, Electricity, Telephone, and Water;
- (3) Mortgage Interest;
- (4) Mortgage Principal;
- (5) Equipment Loan Interest;
- (6) Equipment Loan Principal;
- (7) Other Loan Principal related solely to the Business or the ability of the Business to function;
- (8) Other Interest Payments related solely to the Business or the ability of the business to function;
- (9) Property Taxes;
- (10) Equipment Rental;
- (11) Employees' Wages and Benefits;
- (12) Insurance (Malpractice, E&O, Fire, Casualty, and Liability);
- (13) Business Laundry;
- (14) Routine Equipment Maintenance;
- (15) Subscriptions - Professional Journals;
- (16) Membership Dues - Association;
- (17) Accountants' Fees;
- (18) Legal Fees;
- (19) Replacement Salary Expense.

Salaries of members of your family are covered, provided that the family member (who is related to you by either blood or marriage) was a paid employee of the Business during the last 180 days prior to the time your Disability began.

No salary increase made while you are Disabled will be a Covered Business Expense.

We may also, in our sole discretion, decide that other fixed business expenses are of the type covered by this policy.

Covered Business Expenses do **not** include:

- (1) Your salary, profits or other payments to you;
- (2) Bonuses;
- (3) Drawing accounts;
- (4) Charitable contributions;
- (5) Personal expenses;
- (6) Repairs or improvements on equipment or buildings;
- (7) Profits, salary or other payments for any of the following:
  - (a) other members of your business; or
  - (b) other persons with whom you share business expenses;
- (8) The cost of any merchandise, equipment, furniture, tools or other products used in your Business;
- (9) Income taxes or any business expense for which you were not regularly liable before your Disability began;
- (10) Any financial obligations, including insurance premiums, which are waived during a Disability;
- (11) Entertainment expenses;
- (12) Depreciation or other intangible expenses;
- (13) The cost of any goods, inventory, or merchandise of any nature purchased for sale;
- (14) Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability;
- (15) Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled;
- (16) Any ongoing expenses after the sale of your business.

If the frequency of payment of a Covered Business Expense is changed after Disability starts, expenses will still be covered based on the frequency that existed before Disability.

Only your share of a Covered Business Expense is insured by this policy. If you have partners or share an office with others, only Covered Business Expenses attributed to you are insured. If you are a part owner of a corporation, your share of Covered Business Expenses shall not be more than the Covered Business Expenses you were responsible for as of the day before your Disability began.

## **Disability or Disabled**

Total Disability or Totally Disabled or Residual Disability or Residually Disabled, as defined in this policy.

## **Elimination Period**

The period of time you must be Disabled before benefit payments begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is 90 days. If a period of Disability from the same or a related cause is broken by six months or less, all the days of Disability count toward the Elimination Period.

## **Gross Monthly Income**

Any money you receive in your Business.

For any period when you have a covered loss, Gross Monthly Income:

- (1) includes only Gross Monthly Income you receive for work done after the start of your Disability; and
- (2) does not include Gross Monthly Income received during your Disability for work done prior to the start of your Disability; and
- (3) includes contributions to a pension, profit sharing, 401K or other qualified plan.

## **Gross Monthly Income Before Disability**

The greater of:

- (1) your average Gross Monthly Income per month for the 12 months immediately before your Disability begins; or
- (2) your average Gross Monthly Income per month for the 24 months immediately before your Disability begins.

## **Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

## **Loss of Gross Monthly Income**

This is Gross Monthly Income Before Disability minus current Gross Monthly Income. We have the right to require reasonable proof of your Gross Monthly Income both before and during any period of Disability. This proof may include federal and state income tax returns, income statements and other financial data.

## **Material and Substantial Duties**

The duties which:

- (1) you are normally required to perform for Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

## **Maximum First Month Total Disability Benefit**

The largest benefit amount we will pay in the first month following the Elimination Period. This amount is shown on Policy Specifications Page 3.

## **Maximum Monthly Benefit**

The largest benefit amount we will pay in a month. This amount is computed by multiplying:

- (1) the number of months for which benefits have been paid, plus one, times
- (2) the Maximum First Month Total Disability Benefit amount, minus
- (3) total benefits already paid.

## **Maximum Total Benefit**

The largest total benefit amount we will pay for one Disability. This amount is shown on Policy Specifications Page 3.



**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

**Owner**

The person or entity named on Policy Specifications Page 3 or in a later Notice to us that is approved by us.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us," or "we" means Ohio National Life Assurance Corporation. "You," "your," or "yours" means the Insured. If the Insured is not the Owner, "you," "your," or "yours" means the Owner when referring to policy rights, payments and notices. The Insured and the Owner on the Policy Date are named on Policy Specifications Page 3.

**Replacement**

Any person hired, after your Total Disability begins, from outside your Business to perform any of the Material and Substantial Duties of Your Regular Occupation. A Replacement cannot be:

- (1) your spouse or domestic partner; or
- (2) a member of your family or your spouse's family; or
- (3) a business or professional partner; or
- (4) any person with whom you share a financial or business interest.

**Replacement Salary Expense**

Your Replacement's compensation minus the Gross Monthly Income generated by the Replacement. The Replacement's compensation must be reasonable in relation to the duties performed.

## **Residual Disability or Residually Disabled**

You are Residually Disabled or have a Residual Disability if due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a Loss of Gross Monthly Income that is at least 20% of your Gross Monthly Income Before Disability; and
- (4) your Loss of Gross Monthly Income is solely the result, directly and apart from any other cause, of an Injury or Sickness; and
- (5) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formally spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

## **Residual Monthly Benefit**

The monthly benefit amount to be paid for each month you are Residually Disabled after the Elimination Period.

## **Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

## **Total Disability or Totally Disabled**

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties of Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

## **Your Regular Occupation**

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began.

## **Benefits**

### **Total Disability**

While this policy is in force, we will pay you benefits equal to your Covered Business Expense each month: (1) while you are Totally Disabled; (2) after the Elimination Period; and (3) up to the Maximum Monthly Benefit. We will not pay benefits in excess of the Maximum Total Benefit. We will not pay benefits beyond Age 65 unless you are Totally Disabled after Age 64. If you become Totally Disabled after Age 64, we will not pay benefits for more than 12 months.

If you are Totally Disabled for less than a month, for each day of Total Disability we will pay you 1/30 of the lesser of: (1) the Maximum Monthly Benefit; or (2) the Covered Business Expense incurred for that month.

### **Residual Disability**

We will pay you Residual Monthly Benefits while you are Residually Disabled. The Residual Monthly Benefit amount for a covered loss is the lesser of: (a) your Maximum First Month Total Disability Benefit amount times the ratio of your Loss of Gross Monthly Income during Disability to your Gross Monthly Income Before Disability, or (b) your Covered Business Expenses less your Gross Monthly Income.

Residual Monthly Benefits will not be paid:

- (1) until the Elimination Period has been satisfied;
- (2) at or after Age 65; or
- (3) for more than the Maximum Total Benefit as shown on Policy Specifications Page 3.

### **Coordination of Benefits**

We will not pay benefits for any Covered Business Expense that is covered by an insurance policy with another company if that policy was in effect prior to the Policy Date shown on Policy Specifications Page 3.

### **Non-monthly Expenses**

If a Covered Business Expense comes due while you are Disabled and which relates to a period of more than one month, this Covered Business Expense will be fully paid that month. But, we will not pay more than the Maximum Monthly Benefit.

### **Regular Care of a Physician**

In order to be eligible for benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### **Waiver of Premium**

If you are Disabled for at least the Elimination Period shown on Policy Specifications Page 3, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.

After your Disability ends, this policy stays in force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

### **Military Duty**

By written request to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. The policy will not cover any loss due to an Injury or Sickness that first manifests itself while this policy is suspended.

### **Recurrent Disabilities**

If Disability stops and then starts again within six months from the same or a related cause, the two periods of Disability will count as one. In such case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Total Benefit will continue to apply to your Disability.

A recurrence of Disability from the same or related cause after six months counts as a new Disability. So does a Disability which occurs within six months from some other cause. A new Elimination Period and a new Maximum Total Benefit will apply when you have a new Disability. The **Waiver of Premium** provision will also apply anew.

### **Concurrent Disabilities**

We pay for only one Disability at a time. The amount of monthly benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

### **Conversion Privilege**

At any time prior to Age 60, you may exchange this policy for a Disability Income policy that we are offering at that time if: (1) this policy is in force at that time; (2) we receive your written request; (3) you have active full-time work as of the date of conversion; and (4) you are not Disabled when you make your request.

The maximum monthly benefit for such a Disability Income policy will be the Maximum First Month Total Disability Benefit for this policy. However, the amount of monthly benefit in the new policy, when added to all other such coverage with any company, cannot be more than our published issue and participation limits in effect for the new policy on the date of conversion.

The maximum benefit period for the new policy cannot be more than two years. The elimination period for the new policy cannot be less than 90 days.

The new policy will take effect when we get your written request at our home office. The **Time Limit on Certain Defenses** provision in the new policy will run from the Policy Date of this policy. The new policy will just cover losses that start while it is in force. Conditions excluded in this policy will be excluded in the new policy. No other exclusions will be added.

The premium for the new policy will be based on the Insured's risk class under this policy and the Insured's attained age as of the date of conversion.

### **Presumed Disability**

Disability is presumed if while this policy is in force, Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears or speech. When Disability is presumed, the Elimination Period will be waived. If you still work, when Disability is presumed, your Disability will be treated as a Residual Disability.

## **Cosmetic or Transplant Surgery**

We will pay benefits while this policy is in force, if you are Totally Disabled due to Cosmetic or Transplant Surgery. Cosmetic Surgery means surgery performed to restore your appearance: (a) due to an Injury; or (b) due to, or as part of, other surgery which results from an infection, disease or malfunction of a part of the body. Transplant Surgery means the removal of an organ from your body to be implanted in someone else's body. The transplant must occur more than six months after the Issue Date of this policy, and if so, the Elimination Period will be waived.

## **Exclusions**

No benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

## **Limitations**

### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay benefits for a Pre-existing Condition if it was material and misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

### **Coverage Territory**

We will not pay benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

## **Claims**

### **Notice of Claim**

You must give us notification of a claim within 30 days after an Injury or Sickness, or as soon as you reasonably can. Notification must be received at our Home Office.

### **Claim Forms**

Within 15 days after we get your notification, we will send you claim forms. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the Total Disability that has occurred.

### **Proof of Loss**

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying monthly benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any monthly benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require proof of loss. Such proof can include but is not limited to copies of your Covered Business Expenses, state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records of your business where you own a portion of a business.

### **Authorizations, Examinations and Interviews**

As part of furnishing Proof of Loss or continuing loss, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Benefits will be paid to the Owner. If the Owner dies, benefits will be paid to the contingent Owner. If no contingent Owner is named, benefits will be paid to the estate of the Owner.

### Time of Payment

Subject to **Proof of Loss**, benefits will be paid at the end of each month of Disability for which they are due. Any benefits due but not yet paid when your Disability ends will be paid as soon as we receive **Proof of Loss**.

### Facility of Payment

To avoid undue expense or delay, we may pay one of your relatives a reasonable amount of benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

### Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written Proof of Loss; or (2) more than three years after **Proof of Loss** is required but not given.

### Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which you are Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on your application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium, except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

## **Overpayment**

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

## **Insured's Death**

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get Notice of death within one year in order to qualify for any refund of premiums under this policy.

## **Misstatement of Age or Gender**

If your Age or gender is misstated, benefits or premiums will be changed.

- (1) If you paid less premium than you should have, the Maximum First Month Total Disability Benefit amount is reduced to what your paid premiums would have bought at the right Age and gender.
- (2) If you paid more premium than you should have, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

## **Reinstatement**

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Monthly benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.



## **Ownership Rights**

### **Ownership**

All policy rights belong to the Owner. The Owner may name a new Owner or contingent Owner by Notice to us. A contingent Owner becomes the Owner upon the Owner's death. If no contingent Owner is named, the estate of the Owner becomes the new Owner upon the Owner's death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### **Assignment**

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

### **Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

### **Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.

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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Business Overhead Expense Disability Policy**

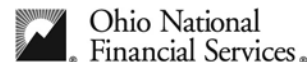
*Nonparticipating*

*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

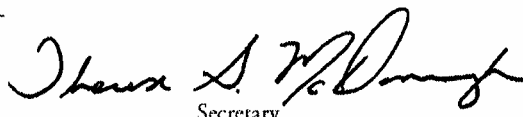
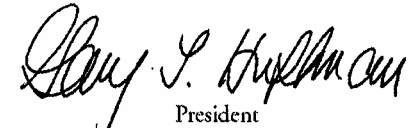
*Benefit and Premium Amounts on Page 3*

# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on page 10. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[   ]  
Secretary President

**20 Day Right To Examine The Policy:** You have the right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Renewal Conditions.** This policy may be continued until the earliest of:

- (1) the Insured's Age 65; or
- (2) the date the Insured terminates Active Full-Time Work with the Business Entity for any reason other than Total Disability; or
- (3) the date the Buy Sell Benefit is paid; or
- (4) the date one person owns more than 90% of the Business Entity; or
- (5) the death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months' premium paid for a period beyond the end date that occurs due to numbers (2), (4) or (5) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

Benefits are reduced if the Insured is Age 61 or older. As shown on Policy Specifications Page 3, benefits of this policy will be reduced depending on the Age at which the Insured becomes Totally Disabled.

## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

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## **Notice to Arkansas Policyholders**

If you have any questions about a problem with your insurance policy, please contact your agent or:

**Agency Name**  
**Agency Address**  
**Agency City, State Zip**  
**Agency Phone Number**

**Ohio National Life**  
**Client Services Division**  
**P.O. Box 237**  
**Cincinnati, Ohio 45201-0237**  
**Toll Free No.: 1-800-366-6654**

If you cannot resolve your problem directly with the Insurer, you may contact:

**Arkansas Department of Insurance**  
**1200 West Third Street**  
**Little Rock, Arkansas 72201-1904**  
**Toll Free Number: 1-800-852-5494**

This notice of complaint procedure is for information only and does not become a part or condition of this policy.

## **Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act**

Residents of this State who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this State to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this State and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **Disclaimer**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this State. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **Coverage**

Generally, individuals will be protected by the Guaranty Association if they live in this State and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## Exclusions from Coverage

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another State (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof that is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (that give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by state or federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents that do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## Limits on Amount of Coverage

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



## Policy Specifications

### Benefit Specifications

**Description of Benefits**

Disability Buy-Sell  
With Lump Sum Benefit  
Elimination Period - [365 Days]  
**P**

(Plus)

Disability Buy-Sell  
With Monthly Installment Benefit  
Elimination Period - [365 Days]  
**P**

Maximum Benefit Period  
On Monthly Installments - [60 Months]  
**S**

### Premium Specifications

Annual Premium	Years Payable	Form Number
\$[697.00]	[30]	13DB-1.AR
<b>Q</b>	<b>R</b>	
\$[839.50]	[30]	13DB-1.AR
<b>Q</b>	<b>R</b>	
<b>Lump Sum Benefit</b>	<b>Monthly Installment Benefit</b>	<b>Maximum Aggregate Benefit</b>
\$[20,0000]	\$[5,000]	\$[500,000]
<b>U</b>	<b>V</b>	<b>W</b>

**Loss Payee:** John Payee

### Additional Benefit Agreements

Extended Benefit Rider	\$[42.00] <b>X</b>	[30] <b>Y</b>	13DEB-1
Guarantee of Physical Insurability Rider Maximum Increase Amount    \$[250,000] <b>Z</b>	\$[40.00] <b>X</b>	[25] <b>Y</b>	13DGB-1

**Policy Number**  
H6000000

**Policy Date**  
09/15/2012

**Issue Date**  
09/15/2012

**Insured**  
John Doe

**Issue Age & Sex**  
35    Male

**Owner**  
The Insured

**Total Premium**  
**Annual**  
\$[1618.50]  
**AA**

**Semiannual**  
\$[829.48]  
**BB**

**Quarterly**  
\$[424.86]  
**CC**

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## Definitions

### Active Full-Time Work

The Insured is at work on behalf of the Business Entity for at least 30 hours per week at the usual place of business.

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business Entity

The Partnership or Corporation named in the application which employs the Insured and in which the Insured has an ownership interest.

### Buy Sell

The purchase and transfer of the Insured's entire ownership interest in the Business Entity under the terms of the Buy Sell Agreement as a result of the Insured's Total Disability.

### Buy Sell Agreement

A written agreement between the Insured and the Business Entity or you, providing for the Purchase Price, valuation method chosen in the application, and transfer of the Insured's entire ownership interest in the Business Entity in the event of the Insured's Total Disability. The Buy Sell Agreement must be in effect at the time Total Disability began. We are not a party to this agreement.

### Buy Sell Benefit

The benefit amount to be paid under this policy. The maximum amount and frequency of the benefit payments are shown on Policy Specification Page 3. The amount of the Buy Sell Benefit will be the percentage factor times the lowest of:

- (1) the Maximum Aggregate Benefit; or
- (2) the value of the Insured's entire ownership interest in the Business Entity as of the date Total Disability began determined by using the valuation method chosen in the application; or
- (3) the actual Purchase Price paid for the Insured's ownership interest in the Business Entity.

The percentage factor is:

- (1) 100% if Total Disability begins before Age 61;
- (2) 80% if Total Disability begins on or after Age 61, but prior to Age 62;
- (3) 60% if Total Disability begins on or after Age 62, but prior to Age 63;
- (4) 40% if Total Disability begins on or after Age 63, but prior to Age 64;
- (5) 20% if Total Disability begins on or after Age 64.

### Elimination Period

The period of time the Insured must be Totally Disabled before the Buy Sell Benefit is paid. The Elimination Period is shown on Policy Specifications Page 3. If a period of Total Disability from the same or related cause is broken by six months or less, all the days of Total Disability count toward the Elimination Period.

**Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

**Insured**

The person so named on Policy Specifications Page 3. The Insured may not be the Owner or the Loss Payee of this policy.

**Insured's Regular Occupation**

The occupation (or occupations if more than one) in which the Insured is regularly engaged at the time Total Disability began.

**Loss Payee**

The person so named on Policy Specifications Page 3. All Buy Sell Benefits due under this policy will be paid to the Loss Payee.

**Lump Sum Benefit**

The Buy Sell Benefit amount that will be paid in one installment.

**Material and Substantial Duties**

The duties which:

- (1) the Insured is normally required to perform in the Insured's Regular Occupation for the Business Entity; and
- (2) cannot be reasonably omitted or changed.

**Maximum Aggregate Benefit**

The sum of all Monthly Installment Benefit payments, if any, payable for the Maximum Benefit Period shown on Policy Specifications Page 3 and the Lump Sum Benefit, if any, shown on Policy Specifications Page 3.

**Maximum Benefit Period**

The longest period of time that the Buy Sell Benefit will be paid for Total Disability of the Insured from the same or related cause, if a Monthly Installment method is used.

**Monthly Installment Benefit**

The monthly Buy Sell Benefit amount that will be made for the Maximum Benefit Period.

**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

**Owner**

The person so named on Policy Specifications Page 3 with all policy rights.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us" or "we" means Ohio National Life Assurance Corporation. "You," "your" or "yours" means the Owner.

**Purchase Price**

The amount you are obligated to pay the Insured according to the terms of the Buy Sell Agreement if the Insured becomes Totally Disabled.

**Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

**Total Disability or Totally Disabled**

The Insured has a Total Disability or is Totally Disabled if due to a Sickness or Injury, in and of itself, all of the following apply. The Insured: (1) is not able to do the Material and Substantial Duties of the Insured's Regular Occupation due to Injury or Sickness; and (2) is not doing any work for the Business Entity.

**Benefits****Eligibility for Buy Sell Benefit**

We will pay the Buy Sell Benefit to the Loss Payee if all of the following occur:

- (1) the Insured suffers a Total Disability which begins during his or her Active Full-Time Work with the Business Entity;
- (2) Total Disability lasts for the entire Elimination Period;
- (3) the Buy Sell Agreement is in effect at the time Total Disability began; and

- (4) we receive satisfactory proof that the Buy Sell has taken place and either the Purchase Price has been paid or scheduled payments are due. Proof must include:
- (a) a copy of the Buy Sell Agreement in effect when the Insured's Total Disability began;
  - (b) the date of transfer of the ownership interest;
  - (c) the Purchase Price plus documentation of either the payment or the scheduled payments with due dates;
  - (d) the valuation of the Business Entity pursuant to the valuation method chosen in the application; and
  - (e) the names of all buyers of the Insured's ownership interest.

Once Monthly Installment Buy Sell Benefits become payable, we will continue to pay Buy Sell Benefits during the lifetime of the Insured until the end of the Maximum Benefit Period whether or not the Insured remains Totally Disabled.

In order to determine the Buy Sell Benefit, we reserve the right to request and examine the financial records of the Business Entity and the Principals who are parties to the Buy Sell Agreement. These records include but are not limited to, Federal Income Tax returns, Income Statements, Balance Sheets and Audit Reports. We also reserve the right to require an independent valuation of the Business Entity.

If the Buy Sell Benefit we actually pay is less than the Maximum Aggregate Benefit shown on Policy Specifications Page 3, we will refund part of the last 12 months' premium paid. This refund will be the difference between: (1) the last 12 months' premium paid; and (2) the premium for the same 12 month period for the amount of Buy Sell Benefit actually paid.

Payment of the Buy Sell Benefit will be in a Lump Sum, or in Monthly Installments, or as a combination of both as specified on Policy Specifications Page 3.

### **Coordination of Benefits**

If you have any valid disability buy sell insurance coverage with another insurer in effect at the time Buy Sell Benefits become payable, the Buy Sell Benefit payable under this policy will be reduced to the proportion this policy's benefit bears to the total amount of disability buy sell insurance coverage. The total benefits paid by this policy and any other disability buy sell coverage in effect at the time Buy Sell Benefits become payable will not exceed the Purchase Price.

### **Regular Care of a Physician**

In order for the Loss Payee to be eligible for Buy Sell Benefits or for us to waive premium under this policy, the Insured must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Total Disability. The Physician must be qualified by training or experience to treat the condition causing Total Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve the Insured's condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### **Installment Payment Option**

If you so elect, the Lump Sum benefit may be paid in installments. The election must be in writing. The period over which the benefit is paid must be agreed to by us.

## **Legal/Accounting Fee Benefit**

We will pay up to \$3,000 for Legal and/or Accounting fees incurred in implementing the Buy Sell Agreement as a result of Total Disability. This benefit is not included in the Maximum Aggregate Benefit limit. It is payable on the later of: (1) the day the Elimination Period has been satisfied; or (2) the date the Legal or Accounting fees are incurred. We will require written proof of any amounts paid for such fees.

## **Additional Provisions**

### **Transfer of Coverage**

After this policy has been in force for two years, coverage on the same Insured can be transferred to a new Owner if all the following conditions are met:

- (1) the new Owner is not the Insured;
- (2) the Insured is under Age 60;
- (3) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy;
- (4) the Insured ends Active Full-Time Work with the original Business Entity;
- (5) the Insured has begun Active Full-Time Work with another Business Entity in which he or she owns at least 10% but not more than 90% of the new Business Entity;
- (6) a Buy Sell Agreement using the valuation method chosen in the application is in effect on the new Business Entity at the time of the Transfer of Coverage;
- (7) the New Owner must meet our underwriting requirements, which apply to Buy Sell coverage; and
- (8) the transfer must occur within 90 days of termination of Active Full-Time Work with the original Business Entity.

The new policy benefit will be based on the Insured's share of the value of the new Business Entity, but not to exceed the Maximum Aggregate Benefit of the original policy. Evidence of the Insured's good health will not be required.

### **Conversion Privilege**

After this policy has been in force for two years, it may be exchanged for a Disability Income Policy provided that all of the following conditions are met:

- (1) this policy is terminated; either
  - (a) because the Insured owns more than 90% of the Business Entity; or
  - (b) because the Insured stops Active Full-Time Work in the Business Entity;
- (2) the Insured is under age 55;
- (3) the Insured has active full-time work on the date of conversion; and
- (4) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy.

The new policy will:

- (1) be owned by the Insured;
- (2) have a maximum monthly benefit of \$1,000, but the total amount of disability income coverage, when added to all other such coverage with any company, cannot exceed our published issue and participation limits in effect on the date of the conversion;

- (3) have a maximum benefit period of two years and an elimination period of not less than 90 days; and
- (4) have the same risk class and exclusions as in this policy. The premiums will be based on the Insured's attained age and the rates in effect for the policy series in effect on the date of conversion.

Evidence of the Insured's good health will not be required.

### **Waiver of Premium**

If the Insured is Totally Disabled for at least 90 days, we will waive payment of premiums which come due while the Insured is Totally Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Total Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until the Insured's Total Disability ends.

### **Exclusions**

Buy Sell Benefits will not be paid for a Total Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while the Insured is legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to the Insured's committing, or attempting to commit, a felony; or
- (5) in the event that the Insured's Material and Substantial Duties normally require that he or she be licensed with a federal, state, or industry regulatory body, during any period his or her license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from the Insured being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

### **Limitations**

#### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay Buy Sell Benefits for a Pre-existing Condition if it was material and misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

### **Claims**

#### **Notice of Claim**

We must receive written notice of a claim within 30 days after the Insured has experienced an Injury or Sickness, or as soon as you reasonably can. Notice must be received at our Home Office.



## Claim Forms

Within 15 days after we get a **Notice of Claim** notification, we will send claim forms. If we do not, you can send us your own written proof of the Insured's Total Disability. You must show the kind and extent of the Insured's Injury or Sickness and the Total Disability that has occurred.

## Proof of Loss

Written Proof of Loss satisfactory to us must be received by us at our Home Office within 90 days after the date your Total Disability began. If it was not reasonably possible to provide us with Proof of Loss within such time, then your claim will not be affected provided you provide Proof of Loss as soon as reasonably possible. However, unless you were declared legally incapacitated by a court of law, we will not pay any Buy Sell Benefits if Proof of Loss is not received within one year after the date your Total Disability began.

We will require proof of loss. Such proof can include but is not limited to copies of your and the Insured's state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports, details regarding the Insured's Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records for any Business Entity where the Insured owns a portion of the business.

## Authorizations, Examinations and Interviews

As part of furnishing **Proof of Loss** or continuing loss, you and the Insured must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business or the Insured's business where you or the Insured own any portion of a business in which the Insured provides personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you or the Insured refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Buy Sell Benefits are paid to the Loss Payee.

## Time of Payment

Subject to **Proof of Loss**, Buy Sell Benefits will be paid at the end of the month of Total Disability for which they are due.

## Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written **Proof of Loss**; or (2) more than three years after **Proof of Loss** is required but not given.

## Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which the Insured is Totally Disabled, we can use only fraudulent misstatements on his or her application (or his or her reinstatement application) to void this policy or to deny a claim for Total Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Total Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on the Insured's application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on the Insured's application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

### Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get written notice of death within one year in order to qualify for any refund of premiums under this policy.

## Misstatement of Age or Gender

If the Insured's Age or gender is misstated, Buy Sell Benefits or premiums will be changed.

- (1) If the premium paid was less than should have been paid, Buy Sell Benefits will be reduced to what premiums would have bought at the right Age and gender.
- (2) If the premium paid was more premium than should have been paid, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.
- (4) If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

## Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Benefits will not be paid for any Total Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## Ownership Rights

### Ownership

All policy rights belong to you. If we agree, you may name a new Owner or contingent Owner. We must receive Notice of any change. We are not bound by a change unless: (1) we agree; or (2) all conditions of the **Transfer of Coverage** provision have been met. A contingent Owner becomes the Owner upon your death.

### Cancellation by Owner

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Assignment**

This policy may not be assigned.

**Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

**Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which the policy is issued.

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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

## **Rider**

### **Guarantee of Physical Insurability**

This rider is part of your policy. It is subject to the terms of the Basic Policy. The benefit and premium data are shown on Policy Specifications Page 3 of the Basic Policy. Rider premiums must be paid as part of the policy premiums until Age 60.

### **Definitions**

#### **Additional Increase Amount**

The added amount of Additional Monthly Benefit bought by use of this rider. This only applies if the Additional Monthly Benefit Rider is a part of the Basic Policy.

#### **Basic Policy**

This is the policy to which this rider is added.

#### **Increase Amount**

The added amount of Maximum First Month Total Disability Benefit bought by use of this rider.

#### **Increase Date**

The day an Increase Amount and an Additional Increase Amount take effect.

#### **Maximum Increase Amount**

This is the sum of all Increase Amounts and is shown on Policy Specifications Page 3 of the Basic Policy.

### **Benefit**

#### **Basic Policy**

You may buy an Increase Amount on the first day of any policy year, if you are not Disabled.

Each Increase Amount must be:

- (1) at least \$200; but
- (2) not more than 50% of the original Maximum First Month Total Disability Benefit amount.

If an Additional Monthly Benefit Rider is a part of the Basic Policy, the Additional Increase Amount is equal to the Increase Amount multiplied by the original Additional Monthly Benefit amount divided by the original Maximum First Month Total Disability amount.

The sum of all such Increase Amounts bought by use of this rider may not be more than the Maximum Increase Amount.

An Increase Amount and an Additional Increase Amount will not be paid for a Disability or a Recurrent Disability that starts before the Increase Date on which they take effect.

## Conditions

In order for you to buy an Increase Amount:

- (1) this rider must be in force; and
- (2) premiums must be paid to the Increase Date.

The Insured must send a written request to us for the Increase Amount. The Insured will not have to prove that he or she can be medically insured. The premium for the Increase Amount and the Additional Increase Amount must be paid by the Increase Date. The premium will be based on the Insured's Age and the rates in effect for the Basic Policy as of the Increase Date.

Once in effect, the Increase Amount and the Additional Increase Amount will be subject to all the terms and provisions of the Basic Policy as if the Basic Policy and, if applicable, the Additional Monthly Benefit Rider were then reissued to include the Increase Amount and the Additional Increase Amount.

You may not increase the Maximum First Month Total Disability Benefit amount to more than your Covered Business Expenses would allow under our issue and participation limits in effect at the time you apply for the increase. We may ask for proof of your Covered Business Expenses. This proof may include your federal and state tax returns and schedules, W-2 forms, your income statements, audit reports, payroll records, accountant's statements, employment records, and any other records and statements which contain facts we need.

## Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated; but with respect to each Increase Amount and Additional Increase Amount, this provision will apply beginning with each respective Increase Date.


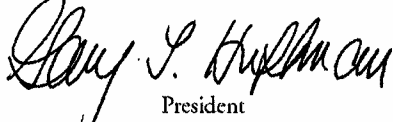
## Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) your age 60; or
- (3) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (4) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

## OHIO NATIONAL LIFE ASSURANCE CORPORATION

[  Secretary  President ]



## **Rider**

### **Additional Monthly Benefit Rider**

This rider is part of your policy. It is subject to the terms of the Basic Policy. The benefit and premium data is shown on Policy Specifications Page 3 of the Basic Policy.

### **Definitions**

#### **Basic Policy**

This is the policy to which this rider is added.

#### **Additional Monthly Benefit**

The additional monthly benefit amount to be paid under the terms of this rider for each month you are Disabled after the Elimination Period. The Additional Monthly Benefit amount is shown on Policy Specifications Page 3 of the Basic Policy.

#### **Maximum Additional Monthly Benefit**

The largest additional benefit amount we will pay in a month. This amount is computed by multiplying:

- (1) the number of months for which benefits have been paid, plus one, times
- (2) the Additional Monthly Benefit amount, minus
- (3) the total benefits already paid under this rider.

### **Benefits**

#### **Total Disability**

While this rider is in force, we will pay you the Additional Monthly Benefit: (1) while you are Totally Disabled; (2) after the Elimination Period; and (3) up to the Maximum Additional Monthly Benefit. However, the sum of the Maximum Monthly Benefit as defined in the Basic Policy and the Maximum Additional Monthly Benefit paid for any given month cannot exceed the Covered Business Expenses for that month.

#### **Residual Disability**

While this rider is in force, we will pay you the Additional Monthly Benefit while you are Residually Disabled. The Additional Monthly Benefit amount for a covered loss is determined by multiplying the Additional Monthly Benefit shown on Policy Specifications Page 3 of the Basic Policy by the same percentage as is used to determine the Residual Monthly Benefit amount paid under the Basic Policy. However, the sum of the Residual Monthly Benefit paid under the Basic Policy and the Additional Monthly Benefit amount paid under this rider for any given month cannot exceed the Covered Business Expenses for that month.

**Duration of Benefits**

Additional Monthly Benefits will not be paid:

- (1) until the Elimination Period has been satisfied;
- (2) at or after Age 65; or
- (3) for more than six months after the Elimination Period has been satisfied.

**Time Limit on Certain Defenses**

The **Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated.

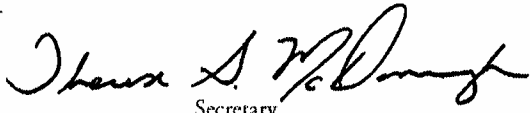
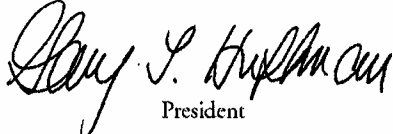
**Termination**

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) your Age 65; or
- (3) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

**OHIO NATIONAL LIFE ASSURANCE CORPORATION**

[   ]  
Secretary President

## Rider

### Extended Benefit Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy.

#### Basic Policy


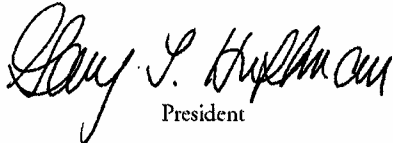
This is the policy to which this rider is attached.

The definition of **Buy Sell Benefit** in the **Basic Policy** is amended to read as follows:

The benefit amount to be paid under this policy. The maximum amount and frequency of the benefit payments are shown on Policy Specifications Page 3. The amount of the Buy Sell Benefit will be the lowest of:

- (1) the Maximum Aggregate Benefit; or
- (2) the value of the Insured's entire ownership interest in the Business Entity, as of the date Total Disability began determined by using the valuation method chosen in the application; or
- (3) the actual purchase price paid for the Insured's ownership interest on the Business Entity.

#### OHIO NATIONAL LIFE ASSURANCE CORPORATION

[   ]  
Secretary President

## **Rider**

### **Guarantee of Physical Insurability**

This rider is part of your policy. It is subject to the terms of the Basic Policy. The benefit and premium data are shown on Policy Specifications Page 3 of the Basic Policy. Rider premiums must be paid as part of the policy premiums until Age 55.

### **Definitions**

#### **Basic Policy**

This is the policy to which this rider is added.

#### **Increase Amount**

The added amount of Maximum Aggregate Benefit bought by use of this rider.

#### **Increase Date**

The day an Increase Amount takes effect.

#### **Maximum Increase Amount**

This is the sum of all Increase Amounts and is shown on Policy Specifications Page 3 of the Basic Policy.

#### **Option Date**

The Option Date is each second policy anniversary date to Age 60.

### **Benefit**

#### **Basic Policy**

You may buy an Increase Amount on the Option Date if the Insured is not Totally Disabled.

The amount of each Increase Amount you may buy on each Option Date shall be no more than 20% of the original Maximum Aggregate Benefit. The sum of all such Increase Amounts bought by use of this rider may not be more than the Maximum Increase Amount.

If the Insured is Totally Disabled on any option date, the value of his or her ownership interest for purposes of the Increase Amount will be deemed to be the value of such ownership interest when he or she was first Totally Disabled. The Increase Amount will cover only Total Disability that starts after its Increase Date. If the Insured is Totally Disabled on or before the Option Date, he or she must have recovered for at least 365 days before a later Total Disability from the same or related cause will be covered under the Increase Amount.

#### **Conditions**

In order for you to buy an Increase Amount:

- (1) this rider must be in force; and
- (2) premiums must be paid to the Increase Date.

You must send a written request to us for the Increase Amount. The premium for the Increase Amount must be paid by the Increase Date. The premium will be based on the Insured's Age and the rates in effect for the Basic Policy as of the Increase Date.

The Increase Amount, when added to all other Disability Buy Sell insurance then in force on the Insured, shall not exceed our then published issue and participation limits for such insurance.

The risk class and exclusions for the Basic Policy will also apply to the Increase Amount.

### **Time Limit on Certain Defenses**

The Time Limit on Certain Defenses provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated; but, with respect to each Increase Amount, this provision will apply beginning on the Increase Date for each Increase Amount.

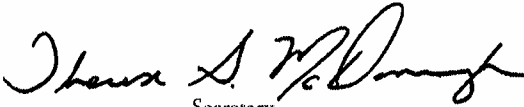
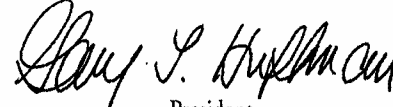
### **Termination**

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your age 60; or
- (4) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

### **OHIO NATIONAL LIFE ASSURANCE CORPORATION**

[   ]  
Secretary President

State:Arkansas

Filing Company:Ohio National Life Assurance Corporation

TOI/Sub-TOI:H11I Individual Health - Disability Income/H11I.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name:DI BOE & Buy Sell

Project Name/Number:/

## Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:Neutral

Overall Percentage of Last Rate Revision:%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ohio National Life Assurance Corporation	%	%				%	%

SERFF Tracking #:

ONFS-128682996

State Tracking #:

Company Tracking #:

FORM 13DE-1, ET AL

State: Arkansas

Filing Company: Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

Project Name/Number: /

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 11/14/2012	Rate Schedule Pages - BOE	13DE-1, 13-DGI-1, 13DSM-1	New		Rate Schedule Pages - BOE.pdf
2	Approved-Closed 11/14/2012	Rate Schedule Pages - Buy Sell	13DB-1, 13DEB-1, 13DGB-1	New		Rate Schedule Pages - Buy Sell.pdf

# RATE SCHEDULE PAGES FOR

## BUSINESS OVERHEAD EXPENSE POLICY POLICY FORM 13DE-1 and Associated Riders

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The rates shown on the attached rate schedule pages are the  
initial Nonsmoker (non tobacco use) rates for the following forms:

POLICY FORM 13DE-1  
and  
RIDER FORMS 13DGI-1, and 13DSM-1

=====

For Smoker (tobacco use) rates, multiply the Nonsmoker (non tobacco use) rates by 1.25

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Unisex rates are a blend of the male/female rates

For all classes, Unisex rates are:

	80% of the male rates
plus	20% of the female rates

=====



OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 5A, 5M  
 12 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	10.90	7.23	5.47	18-25	15.88	10.63	7.33
26	11.05	7.35	5.57	26	16.09	10.79	7.47
27	11.28	7.54	5.72	27	16.40	11.04	7.71
28	11.56	7.79	5.93	28	16.78	11.35	8.02
29	11.88	8.07	6.16	29	17.20	11.70	8.37
30	12.21	8.37	6.41	30	17.64	12.07	8.75
31	12.54	8.66	6.65	31	18.07	12.43	9.12
32	12.83	8.94	6.88	32	18.45	12.76	9.46
33	13.08	9.17	7.07	33	18.78	13.04	9.74
34	13.27	9.33	7.21	34	19.01	13.24	9.95
35	13.36	9.42	7.28	35	19.12	13.34	10.04
36	13.59	9.63	7.45	36	19.33	13.55	10.18
37	14.15	10.15	7.87	37	19.83	14.03	10.50
38	14.94	10.89	8.47	38	20.55	14.73	10.97
39	15.91	11.78	9.19	39	21.42	15.57	11.53
40	16.95	12.75	9.97	40	22.36	16.49	12.13
41	18.01	13.72	10.76	41	23.31	17.41	12.74
42	18.99	14.63	11.49	42	24.19	18.26	13.31
43	19.82	15.39	12.10	43	24.93	18.98	13.79
44	20.41	15.94	12.54	44	25.46	19.49	14.14
45	20.70	16.20	12.75	45	25.71	19.72	14.31
46	21.22	16.63	13.07	46	26.11	20.05	14.63
47	22.46	17.66	13.84	47	27.06	20.81	15.41
48	24.23	19.12	14.93	48	28.42	21.90	16.52
49	26.36	20.89	16.25	49	30.05	23.21	17.85
50	28.68	22.81	17.67	50	31.82	24.64	19.30
51	31.01	24.74	19.11	51	33.60	26.07	20.76
52	33.17	26.52	20.44	52	35.24	27.40	22.11
53	34.99	28.03	21.57	53	36.62	28.52	23.25
54	36.29	29.11	22.37	54	37.60	29.32	24.06
55	36.89	29.62	22.75	55	38.05	29.70	24.44
56	38.82	31.42	24.12	56	39.23	31.07	25.68
57	42.86	35.22	27.01	57	41.68	33.97	28.27
58	47.57	39.65	30.39	58	44.53	37.36	31.29
59	51.50	43.35	33.21	59	46.92	40.20	33.82
60	53.21	44.95	34.43	60	47.99	41.44	34.92
61	55.87	47.20	36.15	61	50.39	43.51	36.67
62	58.66	49.56	37.96	62	52.91	45.69	38.50
63	61.59	52.04	39.86	63	55.56	47.97	40.43
64	64.67	54.64	41.85	64	58.34	50.37	42.45

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 5A, 5M  
 18 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	11.66	7.69	5.74	18-25	17.02	11.12	7.72
26	11.84	7.82	5.84	26	17.28	11.29	7.86
27	12.12	8.03	6.02	27	17.68	11.56	8.11
28	12.47	8.30	6.24	28	18.18	11.90	8.43
29	12.87	8.61	6.50	29	18.75	12.29	8.79
30	13.29	8.93	6.77	30	19.34	12.70	9.18
31	13.70	9.25	7.04	31	19.92	13.10	9.56
32	14.08	9.55	7.29	32	20.45	13.46	9.91
33	14.40	9.80	7.51	33	20.90	13.77	10.20
34	14.63	9.99	7.66	34	21.21	14.00	10.41
35	14.75	10.09	7.74	35	21.36	14.11	10.51
36	15.02	10.36	7.93	36	21.60	14.37	10.67
37	15.66	11.00	8.40	37	22.17	14.98	11.06
38	16.58	11.93	9.07	38	22.97	15.86	11.61
39	17.68	13.05	9.87	39	23.95	16.92	12.27
40	18.89	14.27	10.75	40	25.01	18.07	12.99
41	20.10	15.50	11.64	41	26.07	19.23	13.72
42	21.24	16.64	12.46	42	27.06	20.31	14.40
43	22.19	17.60	13.16	43	27.89	21.21	14.97
44	22.88	18.29	13.66	44	28.49	21.86	15.39
45	23.22	18.61	13.91	45	28.78	22.16	15.59
46	23.86	19.12	14.39	46	29.29	22.61	16.01
47	25.38	20.33	15.52	47	30.50	23.68	17.00
48	27.55	22.06	17.14	48	32.23	25.20	18.42
49	30.18	24.15	19.10	49	34.32	27.03	20.14
50	33.03	26.41	21.23	50	36.58	29.02	22.00
51	35.89	28.68	23.37	51	38.85	31.02	23.88
52	38.54	30.79	25.35	52	40.95	32.87	25.61
53	40.78	32.57	27.02	53	42.71	34.43	27.07
54	42.37	33.84	28.21	54	43.96	35.54	28.11
55	43.10	34.44	28.76	55	44.52	36.06	28.59
56	45.34	36.53	30.50	56	45.87	37.71	30.02
57	50.02	40.94	34.15	57	48.63	41.16	33.01
58	55.48	46.08	38.39	58	51.83	45.18	36.49
59	60.03	50.37	41.94	59	54.52	48.55	39.39
60	62.01	52.23	43.47	60	55.73	50.02	40.66

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 5A, 5M  
 24 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	12.28	8.04	6.30	18-25	17.98	11.68	8.18
26	12.49	8.21	6.42	26	18.24	11.89	8.34
27	12.82	8.52	6.64	27	18.64	12.24	8.61
28	13.25	8.92	6.92	28	19.15	12.69	8.96
29	13.74	9.39	7.24	29	19.71	13.20	9.37
30	14.25	9.89	7.59	30	20.30	13.75	9.80
31	14.76	10.38	7.93	31	20.88	14.29	10.23
32	15.24	10.84	8.25	32	21.41	14.78	10.62
33	15.63	11.22	8.51	33	21.86	15.19	10.95
34	15.93	11.50	8.71	34	22.19	15.49	11.19
35	16.08	11.63	8.81	35	22.36	15.63	11.30
36	16.47	11.88	9.04	36	22.78	15.88	11.49
37	17.39	12.47	9.60	37	23.78	16.46	11.95
38	18.72	13.33	10.41	38	25.23	17.30	12.60
39	20.33	14.35	11.38	39	26.97	18.30	13.39
40	22.08	15.47	12.44	40	28.85	19.39	14.25
41	23.84	16.59	13.50	41	30.75	20.49	15.11
42	25.47	17.64	14.49	42	32.50	21.51	15.92
43	26.85	18.53	15.33	43	33.96	22.37	16.60
44	27.84	19.17	15.93	44	35.00	22.99	17.10
45	28.31	19.49	16.22	45	35.46	23.28	17.34
46	29.09	20.12	16.73	46	35.95	23.76	17.83
47	30.94	21.61	17.93	47	37.08	24.90	19.01
48	33.58	23.76	19.65	48	38.68	26.54	20.71
49	36.76	26.35	21.72	49	40.60	28.50	22.75
50	40.21	29.16	23.97	50	42.67	30.64	24.96
51	43.68	31.99	26.22	51	44.76	32.78	27.19
52	46.89	34.61	28.32	52	46.69	34.77	29.25
53	49.60	36.81	30.08	53	48.30	36.44	30.98
54	51.52	38.39	31.34	54	49.45	37.63	32.22
55	52.41	39.12	31.93	55	49.98	38.18	32.78
56	55.12	41.48	33.84	56	51.44	39.90	34.41
57	60.77	46.44	37.85	57	54.45	43.50	37.78
58	67.35	52.21	42.52	58	57.97	47.70	41.72
59	72.85	57.03	46.42	59	60.92	51.21	45.00
60	75.24	59.11	48.11	60	62.25	52.75	46.43

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 4A, 4M  
 12 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	11.76	7.77	5.99	18-25	17.25	11.35	8.17
26	11.94	7.90	6.09	26	17.48	11.53	8.32
27	12.23	8.10	6.26	27	17.81	11.82	8.59
28	12.59	8.36	6.48	28	18.21	12.20	8.93
29	13.00	8.65	6.74	29	18.66	12.62	9.32
30	13.43	8.96	7.00	30	19.12	13.06	9.74
31	13.86	9.27	7.27	31	19.57	13.49	10.15
32	14.25	9.55	7.51	32	19.98	13.89	10.52
33	14.57	9.79	7.71	33	20.33	14.23	10.84
34	14.81	9.97	7.86	34	20.58	14.46	11.06
35	14.93	10.06	7.94	35	20.70	14.58	11.17
36	15.19	10.31	8.12	36	20.97	14.79	11.35
37	15.81	10.89	8.56	37	21.60	15.30	11.76
38	16.70	11.74	9.20	38	22.51	16.02	12.35
39	17.78	12.76	9.96	39	23.60	16.88	13.06
40	18.95	13.87	10.79	40	24.79	17.83	13.84
41	20.12	14.99	11.63	41	25.98	18.77	14.62
42	21.22	16.03	12.40	42	27.09	19.65	15.34
43	22.14	16.90	13.06	43	28.02	20.39	15.95
44	22.80	17.53	13.53	44	28.68	20.92	16.38
45	23.12	17.82	13.75	45	28.99	21.17	16.59
46	23.68	18.27	14.12	46	29.43	21.56	16.92
47	24.99	19.34	14.98	47	30.46	22.48	17.71
48	26.88	20.86	16.23	48	31.93	23.79	18.83
49	29.15	22.70	17.72	49	33.70	25.37	20.18
50	31.61	24.69	19.34	50	35.61	27.08	21.64
51	34.09	26.69	20.98	51	37.54	28.80	23.12
52	36.39	28.55	22.49	52	39.32	30.40	24.49
53	38.33	30.12	23.77	53	40.81	31.75	25.64
54	39.71	31.24	24.68	54	41.88	32.71	26.46
55	40.35	31.77	25.11	55	42.36	33.16	26.85
56	42.45	33.70	26.62	56	43.68	34.70	28.20
57	46.87	37.77	29.82	57	46.40	37.94	31.05
58	52.02	42.52	33.54	58	49.57	41.73	34.38
59	56.33	46.49	36.65	59	52.23	44.89	37.16
60	58.20	48.21	38.00	60	53.42	46.28	38.37
61	61.11	50.62	39.90	61	56.09	48.59	40.29
62	64.17	53.15	41.90	62	58.89	51.02	42.30
63	67.38	55.81	44.00	63	61.83	53.57	44.42
64	70.75	58.60	46.20	64	64.92	56.25	46.64

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 4A, 4M  
 18 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	12.34	8.26	6.29	18-25	18.63	11.89	8.61
26	12.56	8.40	6.40	26	18.90	12.09	8.77
27	12.92	8.63	6.59	27	19.32	12.41	9.03
28	13.39	8.93	6.83	28	19.84	12.81	9.38
29	13.93	9.26	7.11	29	20.43	13.28	9.77
30	14.50	9.62	7.40	30	21.04	13.77	10.19
31	15.06	9.97	7.69	31	21.64	14.25	10.60
32	15.58	10.30	7.96	32	22.19	14.69	10.98
33	16.01	10.58	8.19	33	22.64	15.07	11.29
34	16.33	10.78	8.35	34	22.97	15.34	11.52
35	16.48	10.89	8.44	35	23.13	15.47	11.63
36	16.79	11.17	8.66	36	23.43	15.75	11.84
37	17.52	11.85	9.18	37	24.14	16.42	12.32
38	18.57	12.83	9.93	38	25.16	17.38	13.02
39	19.84	14.01	10.84	39	26.38	18.53	13.86
40	21.22	15.29	11.83	40	27.72	19.79	14.78
41	22.60	16.58	12.82	41	29.06	21.05	15.70
42	23.89	17.79	13.75	42	30.30	22.22	16.56
43	24.98	18.80	14.53	43	31.35	23.21	17.29
44	25.77	19.53	15.10	44	32.10	23.92	17.81
45	26.15	19.87	15.37	45	32.45	24.25	18.07
46	26.85	20.45	15.88	46	33.02	24.77	18.56
47	28.52	21.82	17.10	47	34.35	26.01	19.71
48	30.91	23.78	18.85	48	36.27	27.77	21.37
49	33.78	26.14	20.95	49	38.57	29.90	23.37
50	36.91	28.71	23.24	50	41.07	32.21	25.54
51	40.04	31.28	25.53	51	43.57	34.52	27.72
52	42.95	33.67	27.67	52	45.89	36.67	29.74
53	45.40	35.69	29.46	53	47.83	38.48	31.43
54	47.14	37.13	30.74	54	49.21	39.76	32.64
55	47.95	37.80	31.33	55	49.83	40.36	33.20
56	50.44	40.10	33.23	56	51.34	42.21	34.86
57	55.65	44.94	37.20	57	54.43	46.07	38.33
58	61.72	50.58	41.83	58	58.02	50.58	42.37
59	66.78	55.29	45.69	59	61.03	54.34	45.75
60	68.99	57.33	47.36	60	62.38	55.99	47.22

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 4A, 4M  
 24 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	13.26	8.64	6.87	18-25	19.57	12.49	9.10
26	13.50	8.82	7.00	26	19.85	12.72	9.26
27	13.90	9.14	7.23	27	20.28	13.10	9.54
28	14.43	9.56	7.53	28	20.81	13.59	9.89
29	15.03	10.04	7.87	29	21.41	14.15	10.30
30	15.66	10.55	8.24	30	22.04	14.75	10.72
31	16.29	11.07	8.60	31	22.66	15.34	11.15
32	16.87	11.54	8.94	32	23.23	15.88	11.54
33	17.36	11.94	9.22	33	23.70	16.33	11.87
34	17.72	12.22	9.43	34	24.05	16.65	12.10
35	17.90	12.37	9.54	35	24.24	16.81	12.22
36	18.32	12.69	9.80	36	24.72	17.09	12.47
37	19.33	13.44	10.43	37	25.87	17.75	13.05
38	20.77	14.53	11.34	38	27.53	18.69	13.89
39	22.51	15.85	12.43	39	29.53	19.82	14.91
40	24.41	17.27	13.62	40	31.70	21.05	16.01
41	26.31	18.71	14.81	41	33.88	22.29	17.12
42	28.08	20.04	15.92	42	35.91	23.45	18.15
43	29.58	21.16	16.86	43	37.60	24.42	19.02
44	30.65	21.97	17.53	44	38.80	25.12	19.65
45	31.15	22.35	17.85	45	39.35	25.45	19.95
46	31.97	22.97	18.39	46	40.04	26.02	20.49
47	33.91	24.44	19.67	47	41.64	27.38	21.75
48	36.69	26.55	21.51	48	43.93	29.32	23.57
49	40.03	29.08	23.72	49	46.67	31.66	25.76
50	43.66	31.84	26.12	50	49.65	34.21	28.13
51	47.30	34.60	28.53	51	52.63	36.76	30.52
52	50.68	37.17	30.77	52	55.39	39.12	32.73
53	53.52	39.33	32.65	53	57.70	41.11	34.59
54	55.54	40.88	33.99	54	59.34	42.53	35.91
55	56.48	41.60	34.62	55	60.08	43.18	36.52
56	59.39	44.10	36.69	56	61.86	45.13	38.33
57	65.49	49.37	41.03	57	65.48	49.21	42.09
58	72.58	55.52	46.10	58	69.70	53.95	46.47
59	78.51	60.65	50.32	59	73.24	57.92	50.13
60	81.09	62.87	52.15	60	74.83	59.66	51.73

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 3A, 3M  
 12 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	16.36	11.33	8.57	18-25	20.29	14.22	11.26
26	16.54	11.46	8.68	26	20.59	14.43	11.43
27	16.78	11.63	8.85	27	21.06	14.77	11.68
28	17.05	11.83	9.05	28	21.65	15.18	11.99
29	17.34	12.04	9.27	29	22.31	15.65	12.34
30	17.63	12.26	9.50	30	23.00	16.14	12.71
31	17.91	12.47	9.72	31	23.68	16.63	13.07
32	18.17	12.67	9.93	32	24.29	17.07	13.41
33	18.39	12.83	10.10	33	24.81	17.44	13.68
34	18.56	12.96	10.23	34	25.18	17.70	13.88
35	18.65	13.03	10.30	35	25.35	17.83	13.98
36	18.94	13.26	10.49	36	25.64	18.08	14.18
37	19.66	13.83	10.94	37	26.34	18.68	14.65
38	20.68	14.65	11.58	38	27.33	19.54	15.33
39	21.92	15.63	12.36	39	28.52	20.57	16.15
40	23.26	16.71	13.21	40	29.81	21.69	17.04
41	24.61	17.78	14.06	41	31.11	22.81	17.93
42	25.87	18.79	14.86	42	32.32	23.86	18.76
43	26.93	19.63	15.53	43	33.34	24.73	19.46
44	27.70	20.24	16.02	44	34.07	25.35	19.96
45	28.06	20.53	16.25	45	34.42	25.64	20.20
46	28.67	21.01	16.67	46	35.01	26.02	20.59
47	30.12	22.15	17.68	47	36.41	26.92	21.50
48	32.19	23.78	19.12	48	38.42	28.20	22.81
49	34.69	25.74	20.85	49	40.84	29.73	24.39
50	37.41	27.87	22.74	50	43.46	31.40	26.10
51	40.13	30.01	24.64	51	46.09	33.08	27.82
52	42.66	32.00	26.40	52	48.52	34.63	29.42
53	44.79	33.68	27.88	53	50.56	35.95	30.77
54	46.32	34.89	28.94	54	52.01	36.89	31.74
55	47.03	35.46	29.44	55	52.67	37.34	32.19
56	49.48	37.61	31.20	56	54.34	39.09	33.83
57	54.65	42.17	34.92	57	57.77	42.79	37.30
58	60.67	47.49	39.27	58	61.76	47.13	41.34
59	65.71	51.94	42.89	59	65.11	50.75	44.73
60	67.90	53.86	44.46	60	66.61	52.34	46.20
61	71.30	56.55	46.68	61	69.94	54.96	48.51
62	74.87	59.38	49.01	62	73.44	57.71	50.94
63	78.61	62.35	51.46	63	77.11	60.60	53.49
64	82.54	65.47	54.03	64	80.97	63.63	56.16

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 3A, 3M  
 18 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	30 DAY	60 DAY	90 DAY	AGE	30 DAY	60 DAY	90 DAY
18-25	17.65	12.03	9.04	18-25	21.89	15.04	11.78
26	17.86	12.21	9.19	26	22.25	15.29	11.95
27	18.14	12.48	9.44	27	22.83	15.69	12.22
28	18.47	12.83	9.75	28	23.57	16.20	12.55
29	18.84	13.22	10.11	29	24.41	16.78	12.92
30	19.21	13.63	10.48	30	25.30	17.39	13.31
31	19.57	14.03	10.85	31	26.17	17.99	13.69
32	19.90	14.39	11.19	32	26.97	18.55	14.05
33	20.18	14.70	11.48	33	27.63	19.01	14.34
34	20.39	14.93	11.68	34	28.11	19.35	14.55
35	20.51	15.04	11.78	35	28.34	19.52	14.66
36	20.87	15.29	11.96	36	28.75	19.88	14.89
37	21.75	15.90	12.40	37	29.73	20.74	15.45
38	23.01	16.77	13.02	38	31.13	21.98	16.26
39	24.53	17.81	13.77	39	32.82	23.46	17.23
40	26.18	18.96	14.58	40	34.65	25.08	18.28
41	27.85	20.10	15.40	41	36.49	26.69	19.34
42	29.40	21.17	16.17	42	38.19	28.19	20.33
43	30.71	22.08	16.82	43	39.61	29.44	21.16
44	31.66	22.74	17.29	44	40.63	30.32	21.76
45	32.11	23.06	17.53	45	41.09	30.71	22.04
46	32.93	23.69	18.03	46	41.69	31.10	22.53
47	34.86	25.20	19.21	47	43.07	31.97	23.68
48	37.64	27.37	20.91	48	45.05	33.22	25.32
49	40.98	29.99	22.97	49	47.43	34.71	27.31
50	44.62	32.83	25.20	50	50.01	36.33	29.46
51	48.26	35.68	27.44	51	52.59	37.95	31.63
52	51.65	38.33	29.52	52	54.99	39.46	33.64
53	54.50	40.56	31.27	53	57.00	40.74	35.33
54	56.53	42.16	32.52	54	58.43	41.66	36.54
55	57.47	42.91	33.11	55	59.08	42.11	37.10
56	60.47	45.53	35.10	56	60.87	44.03	38.98
57	66.74	51.05	39.27	57	64.59	48.13	42.92
58	74.05	57.49	44.14	58	68.92	52.93	47.51
59	80.16	62.86	48.21	59	72.55	56.95	51.36
60	82.82	65.19	49.97	60	74.18	58.71	53.03

\$75 POLICY FEE

\$75 POLICY FEE



OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 3A, 3M  
 24 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	18.49	12.68	9.48	18-25	23.67	16.29	12.33
26	18.72	12.90	9.64	26	24.04	16.54	12.51
27	19.02	13.26	9.91	27	24.62	16.93	12.79
28	19.39	13.72	10.25	28	25.35	17.42	13.14
29	19.79	14.25	10.64	29	26.18	17.97	13.54
30	20.20	14.81	11.05	30	27.06	18.56	13.95
31	20.60	15.36	11.45	31	27.92	19.13	14.36
32	20.97	15.87	11.82	32	28.70	19.65	14.74
33	21.29	16.29	12.14	33	29.36	20.10	15.05
34	21.53	16.60	12.37	34	29.84	20.42	15.28
35	21.67	16.75	12.48	35	30.08	20.58	15.40
36	22.14	17.06	12.73	36	30.59	20.96	15.69
37	23.29	17.79	13.32	37	31.80	21.85	16.39
38	24.95	18.84	14.18	38	33.54	23.14	17.39
39	26.95	20.11	15.21	39	35.64	24.70	18.59
40	29.13	21.49	16.33	40	37.91	26.38	19.90
41	31.32	22.87	17.46	41	40.20	28.08	21.22
42	33.35	24.16	18.52	42	42.32	29.65	22.45
43	35.06	25.25	19.41	43	44.10	30.97	23.49
44	36.29	26.03	20.05	44	45.36	31.91	24.23
45	36.86	26.40	20.37	45	45.94	32.34	24.59
46	37.76	27.03	20.99	46	46.72	32.93	25.21
47	39.87	28.51	22.46	47	48.55	34.30	26.67
48	42.90	30.64	24.57	48	51.15	36.27	28.78
49	46.54	33.21	27.11	49	54.28	38.63	31.30
50	50.49	35.99	29.88	50	57.67	41.20	34.05
51	54.46	38.80	32.65	51	61.07	43.77	36.81
52	58.14	41.40	35.23	52	64.22	46.16	39.37
53	61.24	43.59	37.40	53	66.86	48.17	41.52
54	63.45	45.17	38.95	54	68.73	49.61	43.05
55	64.48	45.91	39.67	55	69.58	50.28	43.76
56	67.82	48.68	42.03	56	71.67	52.57	45.96
57	74.82	54.56	46.98	57	75.96	57.40	50.56
58	82.98	61.41	52.75	58	80.94	63.03	55.91
59	89.79	67.14	57.56	59	85.12	67.75	60.39
60	92.76	69.62	59.65	60	87.00	69.81	62.34

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 2A  
 12 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	22.49	14.62	11.23	18-25	28.07	18.58	14.36
26	22.75	14.82	11.39	26	28.43	18.90	14.64
27	23.08	15.11	11.64	27	28.95	19.42	15.12
28	23.47	15.47	11.94	28	29.58	20.09	15.75
29	23.89	15.87	12.29	29	30.27	20.86	16.48
30	24.32	16.29	12.65	30	30.98	21.67	17.25
31	24.74	16.70	13.00	31	31.68	22.46	18.00
32	25.12	17.07	13.33	32	32.32	23.19	18.70
33	25.44	17.39	13.60	33	32.85	23.80	19.28
34	25.68	17.61	13.80	34	33.23	24.23	19.68
35	25.81	17.73	13.90	35	33.43	24.44	19.87
36	26.22	18.00	14.14	36	33.87	24.79	20.11
37	27.21	18.64	14.72	37	34.93	25.61	20.66
38	28.64	19.57	15.56	38	36.45	26.78	21.44
39	30.37	20.69	16.57	39	38.29	28.19	22.38
40	32.25	21.91	17.66	40	40.28	29.72	23.40
41	34.14	23.14	18.77	41	42.29	31.25	24.42
42	35.91	24.29	19.80	42	44.15	32.68	25.38
43	37.40	25.26	20.67	43	45.72	33.88	26.18
44	38.48	25.98	21.30	44	46.85	34.73	26.77
45	39.00	26.33	21.61	45	47.39	35.13	27.05
46	39.99	27.09	22.21	46	48.30	35.71	27.59
47	42.33	28.92	23.65	47	50.44	37.06	28.88
48	45.70	31.54	25.71	48	53.52	39.00	30.74
49	49.75	34.71	28.19	49	57.22	41.34	32.97
50	54.15	38.15	30.89	50	61.23	43.87	35.39
51	58.57	41.60	33.60	51	65.26	46.41	37.83
52	62.67	44.81	36.12	52	68.98	48.77	40.09
53	66.12	47.51	38.24	53	72.10	50.76	41.99
54	68.57	49.44	39.75	54	74.31	52.19	43.35
55	69.71	50.34	40.46	55	75.30	52.86	43.99
56	73.21	53.35	42.84	56	77.54	55.25	46.15
57	80.53	59.68	47.84	57	82.09	60.30	50.70
58	89.06	67.06	53.67	58	87.36	66.19	56.00
59	96.18	73.21	58.54	59	91.79	71.13	60.43
60	99.29	75.88	60.65	60	93.78	73.29	62.37
61	104.25	79.67	63.68	61	98.47	76.95	65.49
62	109.46	83.65	66.86	62	103.39	80.80	68.76
63	114.93	87.83	70.20	63	108.56	84.84	72.20
64	120.68	92.22	73.71	64	113.99	89.08	75.81

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 2A  
 18 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	24.76	15.43	11.91	18-25	31.21	21.05	15.39
26	25.05	15.66	12.07	26	31.67	21.38	15.67
27	25.44	16.00	12.31	27	32.37	21.91	16.13
28	25.89	16.44	12.60	28	33.25	22.57	16.73
29	26.39	16.93	12.93	29	34.24	23.33	17.42
30	26.90	17.44	13.27	30	35.28	24.12	18.15
31	27.39	17.94	13.60	31	36.29	24.91	18.87
32	27.84	18.41	13.91	32	37.22	25.63	19.53
33	28.23	18.80	14.18	33	38.00	26.23	20.09
34	28.52	19.08	14.38	34	38.56	26.67	20.49
35	28.68	19.23	14.49	35	38.83	26.90	20.68
36	29.21	19.59	14.85	36	39.38	27.42	21.05
37	30.49	20.47	15.72	37	40.67	28.67	21.92
38	32.33	21.72	16.97	38	42.53	30.47	23.17
39	34.55	23.24	18.48	39	44.78	32.64	24.68
40	36.97	24.89	20.13	40	47.22	34.99	26.31
41	39.41	26.56	21.78	41	49.67	37.35	27.96
42	41.68	28.11	23.33	42	51.95	39.55	29.49
43	43.60	29.42	24.63	43	53.88	41.39	30.78
44	44.98	30.38	25.57	44	55.27	42.71	31.70
45	45.65	30.85	26.03	45	55.93	43.32	32.14
46	46.87	31.81	26.88	46	57.12	44.21	32.86
47	49.76	34.08	28.91	47	59.94	46.31	34.56
48	53.91	37.35	31.81	48	63.98	49.30	36.99
49	58.90	41.29	35.31	49	68.84	52.90	39.91
50	64.32	45.57	39.11	50	74.12	56.80	43.09
51	69.77	49.87	42.93	51	79.40	60.72	46.28
52	74.82	53.87	46.47	52	84.30	64.35	49.24
53	79.06	57.22	49.45	53	88.39	67.40	51.73
54	82.09	59.62	51.58	54	91.29	69.57	53.51
55	83.48	60.74	52.56	55	92.58	70.57	54.33
56	87.68	64.38	55.66	56	95.29	73.51	56.97
57	96.45	72.03	62.14	57	100.75	79.64	62.50
58	106.65	80.94	69.70	58	107.08	86.78	68.94
59	115.17	88.38	76.00	59	112.38	92.75	74.33
60	118.89	91.60	78.73	60	114.77	95.38	76.68

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 BUSINESS OVERHAED EXPENSE COVERAGE  
 POLICY FORM 13DE-1  
 OCCUPATIONAL CLASSES 2A  
 24 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	26.16	17.42	12.57	18-25	33.03	22.04	16.16
26	26.57	17.69	12.79	26	33.50	22.43	16.51
27	27.23	18.10	13.16	27	34.20	23.08	17.12
28	28.05	18.63	13.63	28	35.07	23.92	17.93
29	28.99	19.22	14.17	29	36.05	24.88	18.87
30	29.98	19.84	14.74	30	37.06	25.89	19.87
31	30.95	20.46	15.31	31	38.06	26.89	20.86
32	31.84	21.02	15.83	32	38.98	27.81	21.77
33	32.59	21.49	16.27	33	39.74	28.59	22.52
34	33.12	21.84	16.58	34	40.30	29.14	23.06
35	33.39	22.01	16.74	35	40.59	29.41	23.31
36	33.93	22.40	17.07	36	41.26	29.93	23.67
37	35.20	23.33	17.87	37	42.88	31.15	24.49
38	37.03	24.68	19.01	38	45.19	32.91	25.67
39	39.24	26.29	20.39	39	47.98	35.03	27.09
40	41.64	28.06	21.89	40	51.02	37.33	28.64
41	44.06	29.83	23.41	41	54.07	39.64	30.19
42	46.31	31.48	24.81	42	56.90	41.79	31.63
43	48.22	32.88	26.01	43	59.29	43.60	32.85
44	49.60	33.89	26.87	44	61.00	44.89	33.73
45	50.28	34.38	27.29	45	61.80	45.49	34.16
46	51.63	35.32	28.11	46	63.07	46.41	34.95
47	54.83	37.57	30.06	47	66.04	48.58	36.83
48	59.43	40.79	32.86	48	70.30	51.68	39.52
49	64.97	44.67	36.23	49	75.42	55.41	42.76
50	70.99	48.88	39.89	50	80.97	59.46	46.28
51	77.04	53.12	43.57	51	86.53	63.52	49.82
52	82.64	57.05	46.98	52	91.68	67.29	53.10
53	87.36	60.36	49.86	53	95.99	70.46	55.86
54	90.71	62.73	51.91	54	99.04	72.72	57.83
55	92.26	63.84	52.86	55	100.40	73.77	58.74
56	96.90	67.62	55.95	56	103.29	77.08	61.61
57	106.56	75.57	62.45	57	109.13	84.02	67.62
58	117.82	84.85	70.01	58	115.89	92.11	74.62
59	127.22	92.60	76.32	59	121.55	98.87	80.47
60	131.32	95.95	79.06	60	124.11	101.84	83.03

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
CONDITIONALLY RENEWABLE RATES FOR  
POLICY FORM 13DE-1  
12 MONTH BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE	FEMALE
	30 DAY    60 DAY    90 DAY	30 DAY    60 DAY    90 DAY

OCCUPATION CLASS 5A, 5M

65	70.01	59.14	45.30	65	63.14	54.53	45.95
66	73.51	62.10	47.57	66	66.30	57.26	48.25
67	77.19	65.21	49.95	67	69.62	60.12	50.66
68	81.05	68.47	52.45	68	73.10	63.13	53.19
69	85.10	71.89	55.07	69	76.76	66.29	55.85
70	89.36	75.48	57.82	70	80.60	69.60	58.64
71	93.83	79.25	60.71	71	84.63	73.08	61.57
72	98.52	83.21	63.75	72	88.86	76.73	64.65
73	103.45	87.37	66.94	73	93.30	80.57	67.88
74	108.62	91.74	70.29	74	97.97	84.60	71.27
75+	114.05	96.33	73.80	75+	102.87	88.83	74.83

OCCUPATION CLASS 4A, 4M

65	76.58	63.43	50.00	65	70.29	60.89	50.49
66	80.41	66.60	52.50	66	73.80	63.93	53.01
67	84.43	69.93	55.13	67	77.49	67.13	55.66
68	88.65	73.43	57.89	68	81.36	70.49	58.44
69	93.08	77.10	60.78	69	85.43	74.01	61.36
70	97.73	80.96	63.82	70	89.70	77.71	64.43
71	102.62	85.01	67.01	71	94.19	81.60	67.65
72	107.75	89.26	70.36	72	98.90	85.68	71.03
73	113.14	93.72	73.88	73	103.85	89.96	74.58
74	118.80	98.41	77.57	74	109.04	94.46	78.31
75+	124.74	103.33	81.45	75+	114.49	99.18	82.23

OCCUPATION CLASS 3A, 3M

65	51.60	40.93	33.79	65	50.62	39.78	35.11
66	54.18	42.98	35.48	66	53.15	41.77	36.87
67	56.89	45.13	37.25	67	55.81	43.86	38.71
68	59.73	47.39	39.11	68	58.60	46.05	40.65
69	62.72	49.76	41.07	69	61.53	48.35	42.68
70	65.86	52.25	43.12	70	64.61	50.77	44.81
71	69.15	54.86	45.28	71	67.84	53.31	47.05
72	72.61	57.60	47.54	72	71.23	55.98	49.40
73	76.24	60.48	49.92	73	74.79	58.78	51.87
74	80.05	63.50	52.42	74	78.53	61.72	54.46
75+	84.05	66.68	55.04	75+	82.46	64.81	57.18

OCCUPATION CLASS 2A

65	75.46	57.67	46.09	65	71.27	55.70	47.40
66	79.23	60.55	48.39	66	74.83	58.49	49.77
67	83.19	63.58	50.81	67	78.57	61.41	52.26
68	87.35	66.76	53.35	68	82.50	64.48	54.87
69	91.72	70.10	56.02	69	86.63	67.70	57.61
70	96.31	73.61	58.82	70	90.96	71.09	60.49
71	101.13	77.29	61.76	71	95.51	74.64	63.51
72	106.19	81.15	64.85	72	100.29	78.37	66.69
73	111.50	85.21	68.09	73	105.30	82.29	70.02
74	117.08	89.47	71.49	74	110.57	86.40	73.52
75+	122.93	93.94	75.06	75+	116.10	90.72	77.20

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 ADDITIONAL MONTHLY BENEFIT RIDER  
 RIDER FORM 13DSM-1  
 OCCUPATIONAL CLASSES 5A, 5M  
 6 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	6.54	4.34	3.28	18-25	10.32	6.91	4.76
26	6.62	4.40	3.33	26	10.44	7.00	4.84
27	6.73	4.50	3.41	27	10.61	7.14	4.98
28	6.86	4.63	3.52	28	10.80	7.31	5.15
29	7.01	4.76	3.63	29	11.02	7.49	5.35
30	7.16	4.91	3.76	30	11.23	7.69	5.56
31	7.31	5.05	3.88	31	11.44	7.87	5.77
32	7.44	5.18	3.99	32	11.63	8.04	5.96
33	7.55	5.30	4.08	33	11.79	8.19	6.12
34	7.64	5.38	4.15	34	11.90	8.29	6.23
35	7.68	5.42	4.19	35	11.95	8.34	6.28
36	7.80	5.53	4.28	36	12.04	8.44	6.34
37	8.08	5.79	4.49	37	12.26	8.67	6.49
38	8.48	6.18	4.80	38	12.57	9.00	6.71
39	8.97	6.63	5.17	39	12.94	9.39	6.96
40	9.50	7.13	5.58	40	13.34	9.82	7.24
41	10.03	7.64	5.98	41	13.75	10.26	7.52
42	10.53	8.10	6.36	42	14.13	10.66	7.78
43	10.94	8.50	6.68	43	14.45	10.99	7.99
44	11.25	8.78	6.90	44	14.67	11.23	8.15
45	11.39	8.91	7.01	45	14.78	11.34	8.23
46	11.65	9.12	7.17	46	14.95	11.48	8.38
47	12.26	9.63	7.55	47	15.35	11.80	8.73
48	13.13	10.36	8.08	48	15.92	12.27	9.23
49	14.18	11.23	8.73	49	16.61	12.83	9.83
50	15.33	12.18	9.44	50	17.36	13.43	10.49
51	16.47	13.13	10.14	51	18.10	14.04	11.15
52	17.54	14.02	10.80	52	18.80	14.61	11.77
53	18.43	14.76	11.35	53	19.38	15.08	12.29
54	19.07	15.30	11.75	54	19.79	15.43	12.66
55	19.37	15.55	11.94	55	19.98	15.59	12.83
56	20.32	16.49	12.65	56	20.47	16.24	13.44
57	22.30	18.47	14.16	57	21.48	17.63	14.74
58	24.62	20.79	15.93	58	22.66	19.26	16.26
59	26.56	22.72	17.40	59	23.65	20.62	17.53
60	27.40	23.56	18.04	60	24.10	21.22	18.08

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 ADDITIONAL MONTHLY BENEFIT RIDER  
 RIDER FORM 13DSM-1  
 OCCUPATIONAL CLASSES 4A, 4M  
 6 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	7.06	4.66	3.59	18-25	11.21	7.38	5.31
26	7.16	4.73	3.65	26	11.34	7.49	5.40
27	7.30	4.83	3.73	27	11.52	7.65	5.55
28	7.48	4.96	3.85	28	11.72	7.85	5.74
29	7.67	5.10	3.97	29	11.95	8.08	5.96
30	7.88	5.25	4.10	30	12.18	8.31	6.19
31	8.08	5.40	4.24	31	12.40	8.54	6.42
32	8.26	5.53	4.36	32	12.60	8.75	6.63
33	8.41	5.65	4.46	33	12.76	8.93	6.80
34	8.52	5.73	4.53	34	12.88	9.05	6.92
35	8.58	5.78	4.57	35	12.94	9.11	6.98
36	8.71	5.91	4.66	36	13.06	9.21	7.06
37	9.03	6.21	4.89	37	13.35	9.44	7.26
38	9.48	6.65	5.22	38	13.76	9.78	7.54
39	10.02	7.18	5.61	39	14.25	10.18	7.88
40	10.61	7.76	6.04	40	14.78	10.62	8.24
41	11.21	8.34	6.47	41	15.32	11.06	8.61
42	11.76	8.87	6.87	42	15.82	11.47	8.95
43	12.23	9.33	7.21	43	16.24	11.81	9.24
44	12.56	9.65	7.45	44	16.53	12.06	9.44
45	12.72	9.80	7.56	45	16.67	12.17	9.54
46	12.99	10.02	7.74	46	16.85	12.34	9.69
47	13.64	10.55	8.17	47	17.28	12.74	10.04
48	14.57	11.30	8.78	48	17.90	13.31	10.53
49	15.68	12.20	9.52	49	18.63	14.00	11.13
50	16.89	13.19	10.33	50	19.43	14.75	11.78
51	18.11	14.17	11.13	51	20.23	15.50	12.44
52	19.24	15.09	11.88	52	20.97	16.20	13.04
53	20.19	15.86	12.51	53	21.60	16.79	13.56
54	20.86	16.42	12.97	54	22.04	17.21	13.92
55	21.18	16.68	13.18	55	22.24	17.41	14.10
56	22.22	17.68	13.97	56	22.78	18.14	14.77
57	24.39	19.81	15.63	57	23.91	19.70	16.20
58	26.93	22.30	17.58	58	25.22	21.51	17.87
59	29.04	24.38	19.21	59	26.33	23.03	19.27
60	29.97	25.28	19.91	60	26.83	23.70	19.88

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 ADDITIONAL MONTHLY BENEFIT RIDER  
 RIDER FORM 13DSM-1  
 OCCUPATIONAL CLASSES 3A, 3M  
 6 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	9.82	6.80	5.14	18-25	13.19	9.24	7.32
26	9.91	6.87	5.20	26	13.37	9.36	7.42
27	10.02	6.94	5.28	27	13.62	9.55	7.55
28	10.13	7.03	5.37	28	13.93	9.77	7.72
29	10.24	7.11	5.47	29	14.28	10.02	7.90
30	10.35	7.20	5.57	30	14.64	10.27	8.10
31	10.45	7.28	5.67	31	14.99	10.52	8.28
32	10.54	7.35	5.76	32	15.31	10.75	8.45
33	10.62	7.41	5.83	33	15.57	10.94	8.59
34	10.68	7.46	5.89	34	15.75	11.07	8.69
35	10.72	7.49	5.92	35	15.84	11.14	8.74
36	10.87	7.61	6.01	36	15.97	11.26	8.83
37	11.22	7.90	6.24	37	16.27	11.53	9.05
38	11.73	8.31	6.57	38	16.70	11.93	9.37
39	12.35	8.81	6.97	39	17.22	12.41	9.75
40	13.03	9.35	7.40	40	17.79	12.92	10.16
41	13.71	9.90	7.83	41	18.35	13.44	10.57
42	14.34	10.41	8.24	42	18.88	13.92	10.96
43	14.87	10.84	8.58	43	19.32	14.32	11.28
44	15.25	11.14	8.82	44	19.64	14.61	11.51
45	15.43	11.29	8.94	45	19.79	14.74	11.62
46	15.73	11.53	9.15	46	20.05	14.90	11.79
47	16.44	12.08	9.65	47	20.65	15.27	12.19
48	17.45	12.88	10.36	48	21.52	15.80	12.77
49	18.67	13.84	11.21	49	22.56	16.44	13.46
50	19.99	14.89	12.15	50	23.69	17.13	14.22
51	21.32	15.94	13.08	51	24.82	17.82	14.97
52	22.56	16.92	13.95	52	25.87	18.47	15.68
53	23.60	17.74	14.69	53	26.75	19.02	16.27
54	24.34	18.34	15.21	54	27.37	19.41	16.70
55	24.69	18.62	15.46	55	27.65	19.60	16.90
56	25.89	19.74	16.37	56	28.29	20.39	17.69
57	28.41	22.13	18.29	57	29.60	22.08	19.36
58	31.35	24.91	20.54	58	31.13	24.05	21.32
59	33.81	27.24	22.42	59	32.41	25.71	22.96
60	34.89	28.25	23.23	60	33.00	26.44	23.68



OHIO NATIONAL LIFE ASSURANCE CORPORATION  
 ADDITIONAL MONTHLY BENEFIT RIDER  
 RIDER FORM 13DSM-1  
 OCCUPATIONAL CLASSES 2A  
 6 MONTH BENEFIT PERIOD  
 ANNUAL PREMIUM PER \$100 MONTHLY INCOME

AGE	MALE			AGE	FEMALE		
	30 DAY	60 DAY	90 DAY		30 DAY	60 DAY	90 DAY
18-25	13.49	8.77	6.74	18-25	18.25	12.08	9.33
26	13.62	8.87	6.83	26	18.46	12.27	9.50
27	13.77	9.02	6.95	27	18.73	12.56	9.77
28	13.94	9.18	7.09	28	19.05	12.93	10.13
29	14.11	9.37	7.25	29	19.39	13.35	10.54
30	14.27	9.55	7.42	30	19.73	13.79	10.97
31	14.43	9.73	7.58	31	20.07	14.22	11.39
32	14.57	9.90	7.73	32	20.37	14.61	11.78
33	14.69	10.04	7.85	33	20.62	14.94	12.10
34	14.78	10.14	7.94	34	20.80	15.17	12.32
35	14.84	10.19	7.99	35	20.89	15.28	12.42
36	15.05	10.32	8.11	36	21.09	15.44	12.53
37	15.54	10.65	8.41	37	21.58	15.82	12.77
38	16.26	11.11	8.83	38	22.27	16.36	13.11
39	17.12	11.67	9.34	39	23.11	17.01	13.52
40	18.07	12.28	9.89	40	24.02	17.72	13.96
41	19.02	12.89	10.45	41	24.93	18.42	14.41
42	19.90	13.46	10.97	42	25.78	19.08	14.82
43	20.65	13.95	11.42	43	26.49	19.63	15.17
44	21.19	14.30	11.73	44	27.01	20.02	15.43
45	21.45	14.48	11.89	45	27.25	20.20	15.55
46	21.94	14.86	12.19	46	27.65	20.45	15.79
47	23.09	15.77	12.90	47	28.60	21.02	16.36
48	24.75	17.07	13.92	48	29.95	21.85	17.19
49	26.75	18.65	15.15	49	31.58	22.84	18.18
50	28.93	20.36	16.49	50	33.35	23.92	19.26
51	31.11	22.08	17.83	51	35.12	25.00	20.34
52	33.13	23.67	19.08	52	36.76	26.01	21.35
53	34.83	25.02	20.13	53	38.13	26.85	22.19
54	36.04	25.98	20.89	54	39.10	27.46	22.80
55	36.60	26.43	21.24	55	39.53	27.75	23.09
56	38.30	28.00	22.47	56	40.39	28.84	24.13
57	41.86	31.30	25.07	57	42.12	31.14	26.33
58	46.01	35.16	28.11	58	44.13	33.83	28.90
59	49.47	38.38	30.64	59	45.82	36.09	31.05
60	50.99	39.77	31.74	60	46.60	37.09	31.99

GUARANTEED PHYSICAL INSURABILITY RIDER  
RIDER FORM 13DGI-1  
PREMIUM RATES ARE EXPRESSED AS A PERCENTAGE OF THE BASE POLICY RATES  
PLUS THE RATES FOR ANY APPLICABLE RIDERS

AGE	All Classes
18-25	5.50%
26	5.50%
27	5.50%
28	5.50%
29	5.50%
30	5.00%
31	5.00%
32	5.00%
33	5.00%
34	5.00%
35	5.00%
36	5.00%
37	5.00%
38	5.00%
39	5.00%
40	4.50%
41	4.50%
42	4.50%
43	4.50%
44	4.50%
45	4.00%
46	4.00%
47	4.00%
48	4.00%
49	4.00%
50	4.00%

# RATE SCHEDULE PAGES FOR

DISABILITY BUY SELL POLICY  
POLICY FORM 13DB-1  
and Associated Riders

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The rates shown on the attached rate schedule pages are the  
initial Nonsmoker (non tobacco use) rates for the following forms:

POLICY FORM 13DB-1  
and  
RIDER FORMS 13DEB-1 and 13DGB-1

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For Smoker (tobacco use) rates, multiply the Nonsmoker (non tobacco use) rates by 1.25

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Unisex rates are a blend of the male/female rates

For all classes, Unisex rates are:

	85% of the male rates
plus	15% of the female rates

=====

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 5A, 5M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	2.47	2.45	2.32	18-25	2.95	2.54	2.47
26	2.51	2.47	2.34	26	3.02	2.59	2.50
27	2.56	2.49	2.35	27	3.15	2.67	2.56
28	2.64	2.51	2.37	28	3.32	2.78	2.62
29	2.72	2.52	2.38	29	3.52	2.91	2.69
30	2.81	2.53	2.38	30	3.73	3.05	2.77
31	2.89	2.55	2.39	31	3.94	3.18	2.84
32	2.97	2.56	2.40	32	4.13	3.30	2.91
33	3.03	2.57	2.40	33	4.30	3.41	2.96
34	3.08	2.58	2.41	34	4.41	3.48	3.01
35	3.11	2.59	2.42	35	4.47	3.52	3.03
36	3.18	2.65	2.48	36	4.57	3.60	3.10
37	3.36	2.80	2.61	37	4.80	3.79	3.27
38	3.61	3.02	2.81	38	5.13	4.07	3.51
39	3.92	3.29	3.05	39	5.52	4.40	3.81
40	4.25	3.58	3.31	40	5.95	4.76	4.13
41	4.59	3.87	3.58	41	6.38	5.12	4.45
42	4.90	4.15	3.83	42	6.78	5.45	4.75
43	5.16	4.38	4.03	43	7.11	5.73	5.00
44	5.36	4.55	4.19	44	7.35	5.93	5.18
45	5.45	4.63	4.26	45	7.46	6.02	5.26
46	5.64	4.80	4.41	46	7.60	6.14	5.37
47	6.10	5.22	4.77	47	7.93	6.42	5.61
48	6.75	5.81	5.28	48	8.40	6.83	5.96
49	7.54	6.52	5.90	49	8.97	7.31	6.38
50	8.40	7.29	6.57	50	9.58	7.83	6.84
51	9.25	8.07	7.24	51	10.19	8.36	7.29
52	10.04	8.78	7.85	52	10.74	8.84	7.71
53	10.69	9.37	8.36	53	11.21	9.24	8.06
54	11.14	9.78	8.72	54	11.53	9.52	8.30
55	11.33	9.95	8.87	55	11.66	9.63	8.40
56	11.31	9.96	8.89	56	11.57	9.62	8.42
57	11.16	9.88	8.87	57	11.32	9.54	8.41
58	10.96	9.78	8.83	58	11.00	9.43	8.40
59	10.81	9.70	8.80	59	10.75	9.35	8.39
60	10.76	9.68	8.80	60	10.66	9.33	8.40

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 5A, 5M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	5.77	5.71	5.43	18-25	6.87	5.93	5.77
26	5.86	5.76	5.47	26	7.03	6.04	5.85
27	5.99	5.80	5.51	27	7.33	6.24	5.97
28	6.15	5.84	5.53	28	7.72	6.49	6.11
29	6.34	5.88	5.55	29	8.17	6.78	6.28
30	6.54	5.91	5.57	30	8.66	7.09	6.45
31	6.73	5.94	5.59	31	9.14	7.39	6.61
32	6.91	5.97	5.60	32	9.58	7.68	6.77
33	7.06	5.99	5.62	33	9.96	7.91	6.90
34	7.17	6.02	5.63	34	10.22	8.08	7.00
35	7.23	6.04	5.65	35	10.35	8.17	7.05
36	7.40	6.18	5.78	36	10.57	8.35	7.21
37	7.80	6.53	6.09	37	11.10	8.79	7.60
38	8.38	7.04	6.55	38	11.85	9.42	8.16
39	9.08	7.65	7.10	39	12.76	10.18	8.84
40	9.85	8.31	7.70	40	13.74	11.00	9.57
41	10.62	8.98	8.31	41	14.73	11.83	10.31
42	11.33	9.61	8.87	42	15.64	12.59	10.99
43	11.94	10.14	9.35	43	16.41	13.23	11.57
44	12.38	10.53	9.70	44	16.95	13.69	11.97
45	12.60	10.72	9.87	45	17.20	13.90	12.16
46	13.04	11.12	10.21	46	17.53	14.18	12.40
47	14.09	12.06	11.03	47	18.28	14.83	12.97
48	15.59	13.42	12.21	48	19.36	15.75	13.77
49	17.39	15.06	13.62	49	20.65	16.86	14.73
50	19.35	16.83	15.15	50	22.05	18.06	15.78
51	21.30	18.60	16.69	51	23.45	19.26	16.82
52	23.11	20.23	18.10	52	24.73	20.36	17.78
53	24.60	21.59	19.27	53	25.79	21.28	18.57
54	25.64	22.53	20.09	54	26.53	21.92	19.13
55	26.07	22.92	20.43	55	26.83	22.18	19.36
56	26.03	22.94	20.49	56	26.65	22.17	19.41
57	25.71	22.78	20.44	57	26.10	22.02	19.40
58	25.30	22.55	20.36	58	25.43	21.82	19.36
59	24.96	22.37	20.29	59	24.88	21.66	19.34
60	24.87	22.33	20.30	60	24.70	21.63	19.37

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 5A, 5M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	8.47	8.39	7.97	18-25	10.08	8.70	8.47
26	8.60	8.46	8.03	26	10.32	8.87	8.59
27	8.79	8.52	8.08	27	10.75	9.15	8.76
28	9.03	8.58	8.12	28	11.33	9.53	8.97
29	9.31	8.63	8.16	29	12.00	9.96	9.21
30	9.60	8.68	8.18	30	12.72	10.41	9.46
31	9.88	8.72	8.21	31	13.43	10.86	9.71
32	10.14	8.76	8.23	32	14.08	11.28	9.94
33	10.37	8.80	8.25	33	14.63	11.63	10.13
34	10.53	8.84	8.27	34	15.02	11.88	10.27
35	10.62	8.87	8.30	35	15.21	12.01	10.35
36	10.87	9.08	8.49	36	15.54	12.28	10.59
37	11.46	9.59	8.95	37	16.31	12.92	11.16
38	12.31	10.33	9.62	38	17.42	13.85	11.99
39	13.34	11.23	10.43	39	18.75	14.96	12.98
40	14.47	12.21	11.31	40	20.19	16.17	14.06
41	15.60	13.19	12.21	41	21.64	17.38	15.15
42	16.65	14.11	13.04	42	22.99	18.51	16.15
43	17.54	14.89	13.74	43	24.12	19.45	17.00
44	18.19	15.46	14.25	44	24.92	20.12	17.60
45	18.51	15.74	14.50	45	25.28	20.43	17.87
46	19.16	16.32	15.01	46	25.76	20.84	18.23
47	20.69	17.71	16.21	47	26.87	21.79	19.05
48	22.90	19.71	17.94	48	28.45	23.15	20.23
49	25.55	22.11	20.01	49	30.35	24.77	21.65
50	28.43	24.71	22.26	50	32.40	26.53	23.18
51	31.30	27.32	24.51	51	34.45	28.29	24.71
52	33.95	29.72	26.59	52	36.33	29.91	26.12
53	36.15	31.71	28.32	53	37.90	31.26	27.29
54	37.68	33.10	29.52	54	38.98	32.20	28.11
55	38.32	33.68	30.02	55	39.43	32.59	28.45
56	38.41	33.80	30.15	56	39.33	32.68	28.58
57	38.28	33.79	30.20	57	38.88	32.68	28.71
58	38.07	33.72	30.22	58	38.31	32.66	28.82
59	37.90	33.66	30.23	59	37.86	32.64	28.93
60	37.90	33.70	30.29	60	37.74	32.70	29.03

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 5A, 5M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	13.39	13.25	12.59	18-25	15.94	13.75	13.38
26	13.59	13.36	12.69	26	16.32	14.01	13.57
27	13.90	13.46	12.77	27	17.00	14.47	13.84
28	14.28	13.55	12.83	28	17.91	15.06	14.18
29	14.72	13.64	12.88	29	18.97	15.73	14.56
30	15.17	13.71	12.93	30	20.11	16.45	14.95
31	15.62	13.78	12.96	31	21.23	17.17	15.34
32	16.04	13.85	13.00	32	22.26	17.83	15.70
33	16.39	13.91	13.03	33	23.13	18.38	16.01
34	16.65	13.97	13.07	34	23.75	18.78	16.23
35	16.79	14.02	13.11	35	24.05	18.98	16.36
36	17.18	14.35	13.41	36	24.57	19.41	16.74
37	18.12	15.16	14.14	37	25.79	20.43	17.64
38	19.47	16.34	15.20	38	27.55	21.89	18.95
39	21.10	17.76	16.49	39	29.65	23.65	20.52
40	22.87	19.30	17.88	40	31.94	25.57	22.23
41	24.66	20.87	19.30	41	34.24	27.49	23.95
42	26.33	22.32	20.61	42	36.37	29.27	25.54
43	27.74	23.56	21.73	43	38.15	30.76	26.88
44	28.77	24.46	22.53	44	39.42	31.83	27.83
45	29.27	24.90	22.93	45	40.00	32.31	28.26
46	30.29	25.82	23.73	46	40.76	32.96	28.82
47	32.73	28.02	25.64	47	42.51	34.46	30.13
48	36.22	31.19	28.37	48	45.02	36.61	32.00
49	40.42	34.99	31.66	49	48.02	39.19	34.24
50	44.97	39.10	35.22	50	51.26	41.97	36.66
51	49.52	43.22	38.79	51	54.51	44.76	39.08
52	53.71	47.02	42.07	52	57.49	47.33	41.31
53	57.20	50.18	44.81	53	59.97	49.46	43.17
54	59.63	52.38	46.71	54	61.69	50.95	44.46
55	60.64	53.30	47.51	55	62.40	51.57	45.01
56	60.82	53.54	47.76	56	62.30	51.75	45.27
57	60.71	53.61	47.93	57	61.72	51.85	45.57
58	60.49	53.61	48.04	58	60.98	51.91	45.89
59	60.31	53.61	48.15	59	60.38	51.98	46.17
60	60.35	53.71	48.28	60	60.25	52.11	46.37

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 4A, 4M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	2.66	2.61	2.50	18-25	3.14	2.74	2.70
26	2.70	2.63	2.52	26	3.21	2.79	2.74
27	2.76	2.66	2.54	27	3.35	2.88	2.78
28	2.84	2.68	2.56	28	3.53	2.99	2.85
29	2.94	2.70	2.58	29	3.75	3.12	2.91
30	3.03	2.73	2.60	30	3.97	3.26	2.98
31	3.13	2.75	2.62	31	4.20	3.40	3.05
32	3.21	2.77	2.63	32	4.40	3.53	3.11
33	3.29	2.78	2.65	33	4.58	3.63	3.17
34	3.34	2.80	2.66	34	4.70	3.71	3.21
35	3.37	2.81	2.67	35	4.76	3.75	3.23
36	3.45	2.88	2.73	36	4.86	3.84	3.30
37	3.64	3.04	2.87	37	5.11	4.04	3.48
38	3.91	3.28	3.08	38	5.46	4.33	3.74
39	4.24	3.57	3.34	39	5.88	4.68	4.06
40	4.60	3.88	3.61	40	6.33	5.06	4.40
41	4.96	4.20	3.89	41	6.79	5.45	4.74
42	5.30	4.50	4.15	42	7.22	5.80	5.06
43	5.59	4.75	4.37	43	7.57	6.10	5.32
44	5.80	4.94	4.54	44	7.83	6.31	5.51
45	5.91	5.03	4.62	45	7.94	6.41	5.60
46	6.15	5.25	4.81	46	8.09	6.54	5.71
47	6.74	5.78	5.28	47	8.44	6.84	5.97
48	7.58	6.54	5.94	48	8.94	7.27	6.35
49	8.59	7.46	6.74	49	9.54	7.78	6.79
50	9.69	8.45	7.61	50	10.19	8.34	7.28
51	10.79	9.44	8.48	51	10.84	8.90	7.76
52	11.80	10.35	9.28	52	11.44	9.41	8.21
53	12.64	11.11	9.94	53	11.93	9.83	8.58
54	13.22	11.64	10.41	54	12.27	10.13	8.83
55	13.46	11.86	10.60	55	12.41	10.25	8.94
56	13.44	11.87	10.63	56	12.32	10.24	8.96
57	13.26	11.78	10.61	57	12.04	10.15	8.95
58	13.03	11.66	10.56	58	11.71	10.04	8.94
59	12.84	11.55	10.52	59	11.43	9.95	8.93
60	12.79	11.53	10.52	60	11.34	9.93	8.94

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 4A, 4M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	6.21	6.08	5.83	18-25	7.30	6.38	6.29
26	6.30	6.13	5.88	26	7.47	6.50	6.37
27	6.45	6.19	5.93	27	7.79	6.70	6.49
28	6.63	6.24	5.98	28	8.20	6.96	6.62
29	6.84	6.29	6.02	29	8.69	7.26	6.78
30	7.06	6.35	6.06	30	9.21	7.58	6.94
31	7.27	6.39	6.10	31	9.72	7.90	7.10
32	7.47	6.44	6.14	32	10.19	8.19	7.24
33	7.64	6.48	6.17	33	10.59	8.43	7.36
34	7.76	6.51	6.20	34	10.87	8.61	7.46
35	7.83	6.54	6.22	35	11.01	8.70	7.51
36	8.01	6.69	6.36	36	11.25	8.90	7.68
37	8.44	7.07	6.69	37	11.81	9.36	8.09
38	9.07	7.62	7.17	38	12.61	10.03	8.69
39	9.83	8.28	7.75	39	13.57	10.84	9.41
40	10.65	9.00	8.38	40	14.62	11.71	10.19
41	11.48	9.73	9.02	41	15.67	12.59	10.97
42	12.26	10.41	9.62	42	16.64	13.41	11.70
43	12.92	10.99	10.13	43	17.46	14.09	12.31
44	13.41	11.41	10.50	44	18.04	14.58	12.74
45	13.65	11.63	10.69	45	18.30	14.80	12.94
46	14.21	12.14	11.13	46	18.65	15.10	13.20
47	15.55	13.35	12.19	47	19.45	15.79	13.80
48	17.48	15.09	13.72	48	20.60	16.77	14.65
49	19.80	17.19	15.56	49	21.98	17.95	15.67
50	22.32	19.46	17.55	50	23.46	19.22	16.78
51	24.83	21.73	19.54	51	24.95	20.50	17.89
52	27.15	23.83	21.37	52	26.32	21.67	18.91
53	29.07	25.57	22.90	53	27.45	22.64	19.75
54	30.41	26.78	23.96	54	28.23	23.32	20.34
55	30.96	27.28	24.40	55	28.55	23.60	20.59
56	30.92	27.31	24.48	56	28.36	23.59	20.64
57	30.55	27.12	24.43	57	27.78	23.43	20.63
58	30.05	26.85	24.32	58	27.06	23.21	20.61
59	29.64	26.62	24.24	59	26.47	23.04	20.59
60	29.53	26.58	24.25	60	26.28	23.01	20.62

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 4A, 4M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	9.11	8.93	8.57	18-25	10.72	9.38	9.24
26	9.25	9.01	8.64	26	10.97	9.55	9.36
27	9.46	9.09	8.71	27	11.43	9.85	9.53
28	9.73	9.17	8.78	28	12.05	10.23	9.73
29	10.04	9.25	8.85	29	12.76	10.67	9.96
30	10.36	9.32	8.91	30	13.52	11.14	10.19
31	10.68	9.39	8.96	31	14.28	11.60	10.42
32	10.97	9.46	9.02	32	14.98	12.03	10.64
33	11.22	9.52	9.06	33	15.56	12.39	10.82
34	11.40	9.57	9.10	34	15.98	12.65	10.95
35	11.50	9.61	9.14	35	16.18	12.78	11.03
36	11.77	9.84	9.34	36	16.53	13.07	11.28
37	12.40	10.39	9.83	37	17.35	13.75	11.89
38	13.32	11.19	10.53	38	18.53	14.74	12.76
39	14.44	12.16	11.38	39	19.95	15.92	13.82
40	15.65	13.22	12.31	40	21.49	17.21	14.97
41	16.87	14.29	13.26	41	23.03	18.50	16.12
42	18.02	15.30	14.13	42	24.46	19.69	17.19
43	18.99	16.15	14.88	43	25.66	20.70	18.08
44	19.70	16.77	15.43	44	26.51	21.41	18.72
45	20.06	17.09	15.71	45	26.90	21.74	19.01
46	20.88	17.83	16.36	46	27.41	22.18	19.39
47	22.85	19.61	17.92	47	28.59	23.19	20.27
48	25.69	22.17	20.16	48	30.27	24.63	21.52
49	29.10	25.25	22.86	49	32.29	26.36	23.03
50	32.79	28.59	25.78	50	34.48	28.24	24.66
51	36.48	31.93	28.71	51	36.66	30.11	26.29
52	39.89	35.01	31.40	52	38.66	31.83	27.79
53	42.72	37.57	33.65	53	40.33	33.27	29.04
54	44.69	39.35	35.21	54	41.48	34.26	29.90
55	45.51	40.09	35.86	55	41.96	34.68	30.27
56	45.63	40.25	36.03	56	41.85	34.77	30.41
57	45.48	40.23	36.09	57	41.38	34.77	30.54
58	45.22	40.14	36.10	58	40.77	34.74	30.66
59	45.01	40.07	36.11	59	40.28	34.72	30.78
60	45.01	40.11	36.18	60	40.16	34.78	30.88

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 4A, 4M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	14.40	14.11	13.54	18-25	16.95	14.82	14.60
26	14.62	14.24	13.66	26	17.35	15.10	14.79
27	14.96	14.36	13.77	27	18.08	15.56	15.05
28	15.39	14.49	13.88	28	19.05	16.17	15.38
29	15.87	14.61	13.98	29	20.18	16.87	15.73
30	16.38	14.73	14.07	30	21.39	17.61	16.11
31	16.88	14.85	14.16	31	22.58	18.34	16.47
32	17.34	14.95	14.25	32	23.69	19.02	16.81
33	17.73	15.04	14.32	33	24.61	19.59	17.09
34	18.02	15.12	14.38	34	25.27	20.00	17.31
35	18.18	15.19	14.44	35	25.59	20.21	17.43
36	18.60	15.55	14.76	36	26.14	20.66	17.83
37	19.61	16.43	15.53	37	27.44	21.75	18.79
38	21.07	17.70	16.64	38	29.31	23.31	20.18
39	22.83	19.23	17.99	39	31.55	25.18	21.85
40	24.75	20.91	19.47	40	33.99	27.22	23.67
41	26.69	22.61	20.96	41	36.43	29.27	25.49
42	28.50	24.19	22.35	42	38.70	31.16	27.18
43	30.04	25.54	23.54	43	40.60	32.75	28.60
44	31.16	26.53	24.41	44	41.95	33.88	29.61
45	31.73	27.03	24.85	45	42.56	34.40	30.07
46	33.03	28.21	25.88	46	43.36	35.09	30.67
47	36.15	31.02	28.35	47	45.23	36.69	32.06
48	40.63	35.08	31.90	48	47.90	38.97	34.05
49	46.02	39.95	36.16	49	51.09	41.71	36.43
50	51.86	45.23	40.79	50	54.55	44.68	39.01
51	57.71	50.52	45.42	51	58.00	47.64	41.58
52	63.10	55.39	49.69	52	61.18	50.37	43.96
53	67.59	59.45	53.24	53	63.81	52.64	45.93
54	70.72	62.27	55.71	54	65.64	54.22	47.31
55	72.03	63.45	56.75	55	66.40	54.88	47.89
56	72.54	63.75	57.07	56	66.29	55.07	48.16
57	73.04	63.84	57.27	57	65.67	55.18	48.49
58	73.50	63.82	57.40	58	64.88	55.25	48.83
59	73.89	63.82	57.52	59	64.24	55.33	49.13
60	74.18	63.93	57.67	60	64.10	55.46	49.34

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 3A, 3M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	3.16	3.04	2.95	18-25	3.50	3.36	3.20
26	3.21	3.07	2.98	26	3.59	3.41	3.23
27	3.29	3.10	3.00	27	3.74	3.49	3.28
28	3.38	3.13	3.03	28	3.96	3.59	3.33
29	3.50	3.17	3.05	29	4.20	3.70	3.38
30	3.61	3.20	3.07	30	4.47	3.82	3.43
31	3.73	3.23	3.09	31	4.73	3.94	3.49
32	3.84	3.26	3.11	32	4.97	4.05	3.53
33	3.93	3.29	3.13	33	5.18	4.14	3.58
34	3.99	3.31	3.15	34	5.32	4.20	3.61
35	4.03	3.33	3.16	35	5.39	4.24	3.63
36	4.13	3.42	3.24	36	5.51	4.34	3.72
37	4.37	3.63	3.42	37	5.80	4.58	3.93
38	4.72	3.93	3.69	38	6.21	4.92	4.23
39	5.14	4.30	4.01	39	6.71	5.33	4.59
40	5.60	4.70	4.36	40	7.25	5.77	4.99
41	6.06	5.10	4.71	41	7.79	6.22	5.39
42	6.49	5.48	5.04	42	8.29	6.64	5.76
43	6.85	5.80	5.32	43	8.71	6.99	6.07
44	7.11	6.03	5.52	44	9.01	7.24	6.29
45	7.24	6.14	5.62	45	9.15	7.35	6.39
46	7.47	6.35	5.80	46	9.33	7.50	6.52
47	8.01	6.84	6.24	47	9.75	7.86	6.84
48	8.78	7.55	6.86	48	10.36	8.38	7.28
49	9.72	8.40	7.60	49	11.08	8.99	7.82
50	10.73	9.33	8.41	50	11.86	9.66	8.40
51	11.73	10.25	9.22	51	12.64	10.32	8.98
52	12.66	11.10	9.96	52	13.36	10.93	9.51
53	13.43	11.81	10.58	53	13.95	11.44	9.95
54	13.97	12.30	11.01	54	14.36	11.79	10.26
55	14.19	12.50	11.19	55	14.53	11.94	10.39
56	14.16	12.50	11.22	56	14.42	11.92	10.41
57	13.97	12.41	11.19	57	14.08	11.81	10.39
58	13.73	12.28	11.14	58	13.67	11.66	10.36
59	13.54	12.17	11.10	59	13.33	11.55	10.33
60	13.48	12.15	11.10	60	13.22	11.52	10.34

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 3A, 3M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	7.41	7.23	7.00	18-25	8.17	7.80	7.44
26	7.52	7.29	7.07	26	8.37	7.92	7.52
27	7.70	7.36	7.13	27	8.73	8.10	7.63
28	7.91	7.42	7.21	28	9.21	8.33	7.74
29	8.16	7.48	7.28	29	9.77	8.59	7.87
30	8.42	7.54	7.35	30	10.37	8.86	8.00
31	8.67	7.60	7.42	31	10.96	9.13	8.13
32	8.91	7.65	7.48	32	11.51	9.37	8.24
33	9.11	7.69	7.53	33	11.97	9.58	8.34
34	9.26	7.74	7.58	34	12.30	9.74	8.42
35	9.34	7.77	7.61	35	12.46	9.82	8.47
36	9.57	7.97	7.77	36	12.74	10.05	8.67
37	10.13	8.45	8.18	37	13.40	10.59	9.14
38	10.93	9.14	8.76	38	14.35	11.37	9.83
39	11.89	9.98	9.46	39	15.49	12.31	10.66
40	12.94	10.90	10.23	40	16.72	13.34	11.56
41	14.00	11.82	11.00	41	17.97	14.37	12.47
42	14.98	12.68	11.72	42	19.12	15.32	13.31
43	15.81	13.40	12.33	43	20.08	16.12	14.02
44	16.41	13.93	12.77	44	20.77	16.69	14.52
45	16.70	14.18	12.98	45	21.08	16.95	14.75
46	17.22	14.66	13.40	46	21.50	17.30	15.06
47	18.46	15.79	14.39	47	22.46	18.13	15.78
48	20.24	17.41	15.81	48	23.85	19.30	16.80
49	22.38	19.36	17.52	49	25.50	20.71	18.03
50	24.69	21.48	19.37	50	27.29	22.24	19.35
51	27.00	23.59	21.22	51	29.08	23.76	20.68
52	29.13	25.53	22.92	52	30.72	25.16	21.90
53	30.90	27.15	24.34	53	32.09	26.33	22.92
54	32.12	28.27	25.33	54	33.03	27.14	23.63
55	32.63	28.74	25.74	55	33.41	27.47	23.92
56	32.55	28.74	25.80	56	33.16	27.44	23.96
57	32.11	28.52	25.72	57	32.42	27.20	23.92
58	31.55	28.21	25.58	58	31.51	26.90	23.84
59	31.08	27.95	25.48	59	30.77	26.65	23.78
60	30.95	27.90	25.48	60	30.52	26.60	23.80

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 3A, 3M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	10.78	10.39	10.08	18-25	11.94	11.47	10.93
26	10.95	10.49	10.17	26	12.23	11.64	11.05
27	11.21	10.59	10.25	27	12.77	11.91	11.19
28	11.54	10.71	10.34	28	13.48	12.24	11.36
29	11.92	10.82	10.42	29	14.32	12.62	11.54
30	12.31	10.93	10.49	30	15.21	13.02	11.72
31	12.70	11.04	10.57	31	16.09	13.41	11.90
32	13.06	11.14	10.63	32	16.90	13.78	12.06
33	13.37	11.23	10.69	33	17.59	14.08	12.20
34	13.60	11.30	10.75	34	18.08	14.31	12.31
35	13.72	11.36	10.79	35	18.31	14.43	12.38
36	14.06	11.65	11.04	36	18.72	14.76	12.67
37	14.88	12.36	11.67	37	19.69	15.56	13.38
38	16.05	13.39	12.56	38	21.08	16.71	14.39
39	17.47	14.63	13.65	39	22.76	18.09	15.62
40	19.01	15.98	14.83	40	24.57	19.60	16.96
41	20.57	17.34	16.03	41	26.40	21.11	18.30
42	22.02	18.61	17.14	42	28.09	22.51	19.54
43	23.24	19.68	18.08	43	29.50	23.69	20.59
44	24.12	20.46	18.75	44	30.51	24.53	21.33
45	24.54	20.83	19.08	45	30.97	24.91	21.67
46	25.31	21.53	19.69	46	31.58	25.43	22.12
47	27.13	23.19	21.15	47	33.00	26.64	23.18
48	29.74	25.58	23.24	48	35.03	28.36	24.68
49	32.87	28.45	25.75	49	37.46	30.43	26.48
50	36.27	31.55	28.46	50	40.09	32.67	28.43
51	39.66	34.66	31.18	51	42.72	34.91	30.38
52	42.79	37.52	33.69	52	45.13	36.97	32.18
53	45.39	39.90	35.77	53	47.14	38.68	33.67
54	47.20	41.56	37.22	54	48.53	39.87	34.71
55	47.95	42.25	37.83	55	49.10	40.37	35.15
56	48.04	42.38	37.98	56	48.95	40.45	35.29
57	47.86	42.34	38.02	57	48.31	40.37	35.39
58	47.57	42.21	38.00	58	47.52	40.24	35.47
59	47.35	42.12	37.99	59	46.88	40.14	35.55
60	47.34	42.16	38.06	60	46.70	40.18	35.65

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 3A, 3M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	17.07	16.63	16.14	18-25	18.91	18.12	17.27
26	17.33	16.79	16.30	26	19.37	18.39	17.47
27	17.75	16.96	16.48	27	20.21	18.82	17.73
28	18.27	17.13	16.68	28	21.34	19.35	18.04
29	18.86	17.32	16.88	29	22.66	19.95	18.37
30	19.48	17.49	17.08	30	24.06	20.58	18.71
31	20.10	17.66	17.27	31	25.45	21.21	19.05
32	20.67	17.82	17.45	32	26.73	21.78	19.35
33	21.15	17.96	17.60	33	27.81	22.27	19.62
34	21.51	18.08	17.73	34	28.58	22.63	19.82
35	21.70	18.17	17.81	35	28.95	22.82	19.94
36	22.24	18.62	18.19	36	29.60	23.35	20.39
37	23.53	19.73	19.12	37	31.14	24.61	21.48
38	25.39	21.33	20.46	38	33.34	26.43	23.05
39	27.63	23.27	22.07	39	36.00	28.62	24.94
40	30.08	25.38	23.84	40	38.88	31.00	27.00
41	32.54	27.50	25.61	41	41.76	33.40	29.07
42	34.83	29.48	27.27	42	44.44	35.62	31.00
43	36.76	31.16	28.67	43	46.69	37.48	32.61
44	38.15	32.37	29.69	44	48.28	38.80	33.76
45	38.82	32.95	30.18	45	49.01	39.41	34.29
46	40.04	34.06	31.15	46	49.98	40.23	35.04
47	42.92	36.69	33.45	47	52.23	42.15	36.78
48	47.05	40.47	36.76	48	55.44	44.88	39.27
49	52.01	45.01	40.73	49	59.28	48.15	42.26
50	57.39	49.92	45.03	50	63.44	51.70	45.49
51	62.77	54.84	49.34	51	67.60	55.24	48.72
52	67.72	59.37	53.31	52	71.42	58.51	51.70
53	71.84	63.14	56.61	53	74.60	61.22	54.18
54	74.71	65.76	58.91	54	76.80	63.11	55.90
55	75.90	66.86	59.87	55	77.71	63.90	56.63
56	76.08	67.10	60.14	56	77.52	64.07	56.91
57	75.88	67.09	60.26	57	76.66	64.06	57.18
58	75.54	66.98	60.31	58	75.55	63.98	57.43
59	75.27	66.89	60.37	59	74.67	63.93	57.66
60	75.30	66.98	60.50	60	74.44	64.03	57.86

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 2A  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	4.30	3.99	3.83	18-25	4.67	4.51	4.30
26	4.37	4.03	3.86	26	4.77	4.57	4.35
27	4.47	4.09	3.90	27	4.95	4.65	4.43
28	4.59	4.15	3.93	28	5.18	4.76	4.51
29	4.74	4.22	3.97	29	5.45	4.87	4.61
30	4.89	4.29	4.00	30	5.74	4.99	4.71
31	5.04	4.36	4.03	31	6.03	5.11	4.80
32	5.17	4.42	4.06	32	6.29	5.22	4.89
33	5.29	4.47	4.08	33	6.51	5.31	4.96
34	5.37	4.51	4.10	34	6.67	5.38	5.02
35	5.42	4.54	4.12	35	6.75	5.42	5.05
36	5.54	4.65	4.22	36	6.91	5.54	5.15
37	5.84	4.90	4.45	37	7.27	5.84	5.38
38	6.26	5.27	4.80	38	7.80	6.27	5.71
39	6.78	5.72	5.21	39	8.44	6.79	6.12
40	7.34	6.20	5.66	40	9.13	7.36	6.56
41	7.90	6.69	6.12	41	9.82	7.93	7.00
42	8.43	7.15	6.55	42	10.47	8.46	7.41
43	8.88	7.54	6.91	43	11.01	8.90	7.76
44	9.21	7.83	7.17	44	11.39	9.21	8.01
45	9.37	7.97	7.30	45	11.57	9.36	8.12
46	9.73	8.29	7.58	46	11.82	9.57	8.30
47	10.58	9.06	8.24	47	12.39	10.05	8.71
48	11.80	10.16	9.19	48	13.20	10.74	9.31
49	13.27	11.48	10.34	49	14.18	11.56	10.02
50	14.86	12.91	11.58	50	15.24	12.45	10.79
51	16.45	14.35	12.82	51	16.29	13.35	11.56
52	17.92	15.67	13.96	52	17.27	14.17	12.27
53	19.14	16.77	14.91	53	18.07	14.85	12.86
54	19.98	17.53	15.57	54	18.63	15.32	13.27
55	20.33	17.85	15.85	55	18.85	15.52	13.44
56	20.27	17.86	15.90	56	18.67	15.49	13.46
57	19.96	17.73	15.87	57	18.16	15.34	13.41
58	19.55	17.54	15.81	58	17.53	15.14	13.35
59	19.22	17.39	15.76	59	17.02	14.98	13.30
60	19.12	17.36	15.77	60	16.84	14.94	13.30

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 2A  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	9.96	9.24	8.89	18-25	10.81	10.44	9.95
26	10.11	9.34	8.97	26	11.04	10.58	10.07
27	10.34	9.47	9.05	27	11.45	10.77	10.24
28	10.63	9.61	9.12	28	11.98	11.01	10.44
29	10.96	9.77	9.20	29	12.60	11.28	10.66
30	11.31	9.93	9.27	30	13.26	11.55	10.89
31	11.65	10.09	9.34	31	13.91	11.82	11.11
32	11.96	10.23	9.40	32	14.52	12.07	11.31
33	12.23	10.35	9.46	33	15.02	12.28	11.48
34	12.42	10.45	9.51	34	15.39	12.44	11.61
35	12.53	10.51	9.55	35	15.57	12.53	11.68
36	12.81	10.75	9.77	36	15.93	12.81	11.90
37	13.49	11.34	10.32	37	16.77	13.50	12.43
38	14.46	12.18	11.10	38	17.98	14.49	13.20
39	15.64	13.20	12.05	39	19.44	15.68	14.13
40	16.93	14.32	13.09	40	21.03	16.98	15.14
41	18.22	15.45	14.13	41	22.62	18.28	16.15
42	19.43	16.50	15.11	42	24.09	19.49	17.09
43	20.46	17.39	15.94	43	25.33	20.50	17.88
44	21.21	18.04	16.54	44	26.22	21.23	18.45
45	21.58	18.37	16.84	45	26.62	21.56	18.71
46	22.40	19.10	17.48	46	27.18	22.03	19.12
47	24.35	20.86	18.99	47	28.49	23.14	20.07
48	27.15	23.38	21.17	48	30.36	24.71	21.43
49	30.51	26.41	23.80	49	32.61	26.61	23.06
50	34.16	29.70	26.64	50	35.03	28.65	24.83
51	37.81	32.99	29.48	51	37.45	30.70	26.60
52	41.17	36.02	32.10	52	39.68	32.58	28.22
53	43.96	38.54	34.27	53	41.52	34.15	29.58
54	45.89	40.28	35.79	54	42.80	35.23	30.52
55	46.69	41.01	36.42	55	43.31	35.68	30.91
56	46.51	41.02	36.51	56	42.88	35.62	30.96
57	45.72	40.68	36.39	57	41.66	35.27	30.88
58	44.70	40.21	36.20	58	40.18	34.81	30.74
59	43.87	39.83	36.04	59	38.96	34.45	30.64
60	43.60	39.74	36.04	60	38.53	34.36	30.66

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 2A  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	14.64	13.58	13.06	18-25	15.88	15.34	14.62
26	14.86	13.73	13.18	26	16.22	15.54	14.80
27	15.20	13.92	13.29	27	16.82	15.83	15.05
28	15.63	14.13	13.41	28	17.60	16.18	15.34
29	16.11	14.36	13.52	29	18.52	16.57	15.66
30	16.62	14.59	13.62	30	19.49	16.97	15.99
31	17.12	14.82	13.72	31	20.45	17.37	16.32
32	17.58	15.03	13.82	32	21.34	17.73	16.61
33	17.97	15.21	13.90	33	22.09	18.04	16.87
34	18.26	15.35	13.97	34	22.63	18.28	17.05
35	18.41	15.44	14.03	35	22.89	18.41	17.16
36	18.82	15.79	14.36	36	23.41	18.83	17.49
37	19.82	16.65	15.15	37	24.65	19.84	18.27
38	21.26	17.90	16.31	38	26.44	21.29	19.40
39	22.99	19.40	17.70	39	28.58	23.04	20.76
40	24.88	21.04	19.23	40	30.91	24.95	22.24
41	26.78	22.70	20.76	41	33.25	26.86	23.73
42	28.56	24.24	22.20	42	35.42	28.63	25.12
43	30.07	25.56	23.42	43	37.24	30.13	26.28
44	31.17	26.52	24.30	44	38.54	31.19	27.11
45	31.72	27.00	24.74	45	39.13	31.68	27.50
46	32.92	28.08	25.67	46	39.95	32.37	28.10
47	35.78	30.65	27.91	47	41.88	34.00	29.49
48	39.89	34.36	31.11	48	44.62	36.31	31.49
49	44.84	38.81	34.96	49	47.91	39.09	33.89
50	50.20	43.64	39.14	50	51.47	42.10	36.49
51	55.55	48.47	43.32	51	55.03	45.10	39.08
52	60.49	52.92	47.17	52	58.30	47.87	41.48
53	64.60	56.62	50.37	53	61.01	50.17	43.46
54	67.45	59.20	52.60	54	62.89	51.77	44.85
55	68.63	60.27	53.53	55	63.66	52.44	45.43
56	68.65	60.47	53.76	56	63.30	52.52	45.60
57	68.12	60.38	53.81	57	62.12	52.36	45.68
58	67.37	60.17	53.77	58	60.66	52.12	45.73
59	66.75	60.00	53.75	59	59.46	51.93	45.78
60	66.62	60.04	53.84	60	59.08	51.95	45.89

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
POLICY FORM 13DB-1  
OCCUPATIONAL CLASSES 2A  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	23.15	21.47	20.65	18-25	25.50	24.26	23.12
26	23.50	21.71	20.83	26	26.03	24.58	23.41
27	24.04	22.00	21.02	27	26.94	25.03	23.80
28	24.71	22.34	21.20	28	28.15	25.58	24.27
29	25.47	22.70	21.37	29	29.54	26.20	24.78
30	26.28	23.08	21.54	30	31.02	26.84	25.31
31	27.07	23.44	21.70	31	32.49	27.46	25.83
32	27.79	23.77	21.85	32	33.84	28.04	26.31
33	28.41	24.05	21.98	33	34.98	28.53	26.71
34	28.87	24.28	22.10	34	35.80	28.90	27.01
35	29.11	24.42	22.19	35	36.21	29.11	27.18
36	29.77	24.98	22.71	36	37.04	29.77	27.69
37	31.34	26.34	23.97	37	39.00	31.37	28.93
38	33.62	28.31	25.80	38	41.82	33.67	30.72
39	36.36	30.69	28.01	39	45.22	36.44	32.87
40	39.35	33.29	30.42	40	48.91	39.46	35.21
41	42.37	35.91	32.85	41	52.61	42.49	37.57
42	45.19	38.36	35.12	42	56.04	45.31	39.75
43	47.58	40.44	37.04	43	58.93	47.67	41.59
44	49.32	41.96	38.44	44	60.98	49.36	42.91
45	50.19	42.72	39.14	45	61.92	50.13	43.52
46	52.09	44.43	40.62	46	63.23	51.23	44.46
47	56.62	48.51	44.15	47	66.27	53.80	46.67
48	63.13	54.37	49.23	48	70.62	57.46	49.84
49	70.96	61.42	55.33	49	75.83	61.86	53.63
50	79.44	69.06	61.94	50	81.47	66.62	57.74
51	87.92	76.71	68.55	51	87.09	71.38	61.85
52	95.74	83.76	74.65	52	92.27	75.76	65.64
53	102.24	89.62	79.72	53	96.57	79.40	68.79
54	106.76	93.70	83.25	54	99.54	81.93	70.98
55	108.63	95.40	84.73	55	100.76	82.99	71.90
56	108.67	95.74	85.11	56	100.20	83.16	72.19
57	107.83	95.67	85.22	57	98.33	83.01	72.37
58	106.66	95.41	85.21	58	96.03	82.75	72.51
59	105.70	95.21	85.21	59	94.14	82.56	72.65
60	105.49	95.30	85.37	60	93.54	82.63	72.84

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 5A, 5M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.09	0.09	0.09	18-25	0.09	0.09	0.09
26	0.09	0.09	0.09	26	0.09	0.09	0.09
27	0.09	0.09	0.09	27	0.09	0.09	0.09
28	0.09	0.09	0.09	28	0.09	0.09	0.09
29	0.09	0.09	0.09	29	0.09	0.09	0.09
30	0.09	0.09	0.09	30	0.09	0.09	0.09
31	0.09	0.09	0.09	31	0.09	0.09	0.09
32	0.09	0.09	0.09	32	0.09	0.09	0.09
33	0.09	0.09	0.09	33	0.09	0.09	0.09
34	0.09	0.09	0.09	34	0.09	0.09	0.09
35	0.09	0.09	0.09	35	0.09	0.09	0.09
36	0.09	0.09	0.09	36	0.09	0.09	0.09
37	0.11	0.10	0.10	37	0.10	0.10	0.10
38	0.13	0.12	0.12	38	0.11	0.11	0.10
39	0.15	0.13	0.13	39	0.12	0.12	0.11
40	0.17	0.15	0.15	40	0.13	0.13	0.12
41	0.20	0.17	0.17	41	0.15	0.14	0.13
42	0.22	0.19	0.19	42	0.16	0.16	0.13
43	0.25	0.21	0.20	43	0.18	0.17	0.14
44	0.27	0.23	0.22	44	0.19	0.18	0.15
45	0.28	0.24	0.23	45	0.20	0.19	0.16
46	0.35	0.30	0.29	46	0.26	0.24	0.20
47	0.52	0.46	0.43	47	0.40	0.36	0.31
48	0.76	0.68	0.64	48	0.61	0.54	0.47
49	1.06	0.95	0.89	49	0.86	0.76	0.67
50	1.39	1.25	1.17	50	1.13	1.00	0.88
51	1.72	1.55	1.45	51	1.41	1.25	1.09
52	2.03	1.84	1.71	52	1.67	1.47	1.29
53	2.30	2.08	1.94	53	1.90	1.67	1.47
54	2.50	2.27	2.11	54	2.07	1.82	1.60
55	2.61	2.37	2.20	55	2.16	1.90	1.67
56	3.45	3.14	2.90	56	2.85	2.50	2.20
57	5.27	4.81	4.44	57	4.34	3.81	3.36
58	7.42	6.78	6.25	58	6.10	5.35	4.73
59	9.20	8.41	7.75	59	7.56	6.63	5.86
60	9.95	9.10	8.38	60	8.18	7.17	6.34

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 5A, 5M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.21	0.21	0.21	18-25	0.21	0.21	0.21
26	0.21	0.21	0.21	26	0.21	0.21	0.21
27	0.21	0.21	0.21	27	0.21	0.21	0.21
28	0.21	0.21	0.21	28	0.21	0.21	0.21
29	0.21	0.21	0.21	29	0.21	0.21	0.21
30	0.21	0.21	0.21	30	0.21	0.21	0.21
31	0.21	0.21	0.21	31	0.21	0.21	0.21
32	0.21	0.21	0.21	32	0.21	0.21	0.21
33	0.21	0.21	0.21	33	0.21	0.21	0.21
34	0.21	0.21	0.21	34	0.21	0.21	0.21
35	0.21	0.21	0.21	35	0.21	0.21	0.21
36	0.22	0.22	0.22	36	0.22	0.22	0.21
37	0.25	0.24	0.24	37	0.23	0.23	0.22
38	0.29	0.27	0.27	38	0.25	0.25	0.24
39	0.34	0.31	0.30	39	0.28	0.27	0.25
40	0.39	0.35	0.34	40	0.31	0.30	0.27
41	0.45	0.40	0.39	41	0.34	0.33	0.29
42	0.51	0.44	0.43	42	0.38	0.36	0.31
43	0.56	0.49	0.47	43	0.41	0.39	0.33
44	0.61	0.52	0.50	44	0.44	0.42	0.35
45	0.64	0.55	0.53	45	0.46	0.44	0.37
46	0.80	0.70	0.66	46	0.59	0.56	0.47
47	1.19	1.05	0.99	47	0.92	0.84	0.72
48	1.75	1.56	1.47	48	1.39	1.25	1.09
49	2.43	2.19	2.04	49	1.97	1.75	1.53
50	3.18	2.87	2.68	50	2.60	2.30	2.02
51	3.94	3.57	3.32	51	3.24	2.86	2.51
52	4.66	4.22	3.92	52	3.84	3.38	2.97
53	5.27	4.78	4.44	53	4.35	3.83	3.37
54	5.73	5.20	4.83	54	4.74	4.17	3.67
55	5.98	5.43	5.04	55	4.95	4.35	3.83
56	7.80	7.10	6.59	56	6.47	5.67	5.00
57	11.77	10.75	9.98	57	9.78	8.54	7.55
58	16.43	15.03	13.95	58	13.67	11.90	10.54
59	20.31	18.59	17.25	59	16.90	14.70	13.02
60	21.94	20.09	18.64	60	18.26	15.88	14.07

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 5A, 5M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.30	0.30	0.30	18-25	0.30	0.30	0.30
26	0.30	0.30	0.30	26	0.30	0.30	0.30
27	0.30	0.30	0.30	27	0.30	0.30	0.30
28	0.30	0.30	0.30	28	0.30	0.30	0.30
29	0.30	0.30	0.30	29	0.30	0.30	0.30
30	0.30	0.30	0.30	30	0.30	0.30	0.30
31	0.30	0.30	0.30	31	0.30	0.30	0.30
32	0.30	0.30	0.30	32	0.30	0.30	0.30
33	0.30	0.30	0.30	33	0.30	0.30	0.30
34	0.30	0.30	0.30	34	0.30	0.30	0.30
35	0.30	0.30	0.30	35	0.30	0.30	0.30
36	0.32	0.31	0.31	36	0.31	0.31	0.31
37	0.36	0.34	0.34	37	0.33	0.33	0.32
38	0.42	0.39	0.38	38	0.36	0.36	0.34
39	0.49	0.45	0.44	39	0.40	0.40	0.36
40	0.58	0.51	0.50	40	0.45	0.44	0.39
41	0.66	0.58	0.56	41	0.50	0.48	0.42
42	0.75	0.65	0.62	42	0.54	0.53	0.45
43	0.83	0.71	0.68	43	0.59	0.57	0.48
44	0.89	0.77	0.73	44	0.63	0.61	0.51
45	0.94	0.81	0.77	45	0.67	0.64	0.54
46	1.17	1.02	0.97	46	0.87	0.81	0.69
47	1.74	1.55	1.45	47	1.35	1.23	1.06
48	2.57	2.30	2.15	48	2.05	1.84	1.60
49	3.58	3.22	3.00	49	2.89	2.58	2.25
50	4.68	4.23	3.93	50	3.82	3.38	2.96
51	5.79	5.25	4.87	51	4.76	4.20	3.69
52	6.84	6.21	5.76	52	5.64	4.97	4.37
53	7.74	7.03	6.53	53	6.40	5.64	4.95
54	8.42	7.65	7.10	54	6.97	6.13	5.39
55	8.79	7.99	7.41	55	7.28	6.40	5.63
56	11.50	10.45	9.69	56	9.51	8.34	7.35
57	17.41	15.81	14.66	57	14.37	12.57	11.10
58	24.34	22.11	20.50	58	20.07	17.53	15.49
59	30.11	27.35	25.36	59	24.81	21.65	19.15
60	32.54	29.55	27.40	60	26.81	23.39	20.69

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 5A, 5M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.48	0.48	0.48	18-25	0.48	0.48	0.48
26	0.48	0.48	0.48	26	0.48	0.48	0.48
27	0.48	0.48	0.48	27	0.48	0.48	0.48
28	0.48	0.48	0.48	28	0.48	0.48	0.48
29	0.48	0.48	0.48	29	0.48	0.48	0.48
30	0.48	0.48	0.48	30	0.48	0.48	0.48
31	0.48	0.48	0.48	31	0.48	0.48	0.48
32	0.48	0.48	0.48	32	0.48	0.48	0.48
33	0.48	0.48	0.48	33	0.48	0.48	0.48
34	0.48	0.48	0.48	34	0.48	0.48	0.48
35	0.48	0.48	0.48	35	0.48	0.48	0.48
36	0.51	0.50	0.50	36	0.49	0.49	0.49
37	0.57	0.55	0.55	37	0.53	0.52	0.51
38	0.67	0.62	0.62	38	0.58	0.57	0.54
39	0.78	0.71	0.70	39	0.64	0.63	0.58
40	0.92	0.82	0.80	40	0.72	0.69	0.62
41	1.05	0.92	0.90	41	0.79	0.76	0.67
42	1.19	1.03	1.00	42	0.87	0.83	0.72
43	1.31	1.13	1.09	43	0.95	0.90	0.76
44	1.41	1.21	1.17	44	1.01	0.96	0.81
45	1.49	1.28	1.23	45	1.07	1.01	0.85
46	1.86	1.62	1.54	46	1.38	1.28	1.09
47	2.76	2.44	2.31	47	2.14	1.95	1.67
48	4.07	3.64	3.41	48	3.24	2.91	2.52
49	5.66	5.09	4.76	49	4.58	4.08	3.56
50	7.40	6.68	6.23	50	6.05	5.36	4.69
51	9.17	8.30	7.72	51	7.53	6.65	5.83
52	10.83	9.81	9.13	52	8.93	7.87	6.91
53	12.26	11.12	10.34	53	10.13	8.92	7.84
54	13.33	12.10	11.24	54	11.03	9.71	8.53
55	13.92	12.64	11.74	55	11.52	10.14	8.91
56	18.24	16.61	15.38	56	15.05	13.26	11.67
57	27.66	25.26	23.34	57	22.74	20.06	17.68
58	38.71	35.42	32.67	58	31.75	28.04	24.73
59	47.91	43.87	40.43	59	39.26	34.69	30.60
60	51.78	47.43	43.70	60	42.42	37.48	33.07

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 4A, 4M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.10	0.10	0.10	18-25	0.10	0.10	0.09
26	0.10	0.10	0.10	26	0.10	0.10	0.09
27	0.10	0.10	0.10	27	0.10	0.10	0.09
28	0.10	0.10	0.10	28	0.10	0.10	0.09
29	0.10	0.10	0.10	29	0.10	0.10	0.09
30	0.10	0.10	0.10	30	0.10	0.10	0.10
31	0.10	0.10	0.10	31	0.10	0.10	0.10
32	0.10	0.10	0.10	32	0.10	0.10	0.10
33	0.10	0.10	0.10	33	0.10	0.10	0.10
34	0.10	0.10	0.10	34	0.10	0.10	0.10
35	0.10	0.10	0.10	35	0.10	0.10	0.10
36	0.11	0.10	0.10	36	0.10	0.10	0.10
37	0.12	0.11	0.11	37	0.11	0.11	0.11
38	0.14	0.13	0.13	38	0.12	0.12	0.11
39	0.16	0.15	0.14	39	0.13	0.13	0.12
40	0.19	0.17	0.16	40	0.14	0.14	0.13
41	0.21	0.19	0.18	41	0.16	0.15	0.13
42	0.24	0.21	0.20	42	0.17	0.17	0.14
43	0.26	0.23	0.22	43	0.19	0.18	0.15
44	0.28	0.25	0.24	44	0.20	0.19	0.16
45	0.30	0.26	0.25	45	0.21	0.20	0.17
46	0.37	0.33	0.31	46	0.27	0.25	0.22
47	0.55	0.49	0.46	47	0.42	0.39	0.33
48	0.81	0.73	0.68	48	0.64	0.58	0.50
49	1.13	1.02	0.95	49	0.91	0.81	0.71
50	1.48	1.33	1.24	50	1.20	1.07	0.94
51	1.83	1.65	1.54	51	1.50	1.32	1.16
52	2.16	1.96	1.82	52	1.78	1.57	1.38
53	2.45	2.22	2.06	53	2.02	1.78	1.56
54	2.66	2.41	2.24	54	2.20	1.93	1.70
55	2.78	2.52	2.34	55	2.30	2.02	1.78
56	3.67	3.34	3.09	56	3.03	2.66	2.35
57	5.61	5.12	4.72	57	4.62	4.06	3.58
58	7.89	7.21	6.64	58	6.49	5.69	5.03
59	9.78	8.95	8.24	59	8.05	7.06	6.23
60	10.58	9.68	8.91	60	8.70	7.63	6.74

\$75 POLICY FEE

\$75 POLICY FEE



OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 4A, 4M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.23	0.23	0.23	18-25	0.23	0.23	0.22
26	0.23	0.23	0.23	26	0.23	0.23	0.22
27	0.23	0.23	0.23	27	0.23	0.23	0.22
28	0.23	0.23	0.23	28	0.23	0.23	0.22
29	0.23	0.23	0.23	29	0.23	0.23	0.23
30	0.23	0.23	0.23	30	0.23	0.23	0.23
31	0.23	0.23	0.23	31	0.23	0.23	0.23
32	0.23	0.23	0.23	32	0.23	0.23	0.23
33	0.23	0.23	0.23	33	0.23	0.23	0.23
34	0.23	0.23	0.23	34	0.23	0.23	0.23
35	0.23	0.23	0.23	35	0.23	0.23	0.23
36	0.24	0.24	0.24	36	0.24	0.24	0.23
37	0.27	0.26	0.26	37	0.25	0.25	0.24
38	0.31	0.30	0.29	38	0.27	0.27	0.25
39	0.37	0.34	0.33	39	0.30	0.29	0.27
40	0.43	0.39	0.37	40	0.33	0.32	0.29
41	0.49	0.44	0.42	41	0.36	0.35	0.31
42	0.55	0.48	0.46	42	0.39	0.38	0.33
43	0.61	0.53	0.51	43	0.43	0.41	0.35
44	0.65	0.57	0.54	44	0.45	0.44	0.37
45	0.69	0.60	0.57	45	0.48	0.46	0.39
46	0.86	0.75	0.71	46	0.62	0.58	0.50
47	1.27	1.13	1.06	47	0.97	0.89	0.77
48	1.87	1.68	1.57	48	1.48	1.33	1.16
49	2.60	2.34	2.18	49	2.09	1.86	1.63
50	3.39	3.07	2.85	50	2.76	2.45	2.15
51	4.20	3.80	3.53	51	3.44	3.04	2.67
52	4.96	4.49	4.17	52	4.08	3.60	3.16
53	5.61	5.09	4.72	53	4.63	4.08	3.59
54	6.10	5.54	5.13	54	5.05	4.43	3.91
55	6.37	5.78	5.36	55	5.27	4.63	4.08
56	8.31	7.56	7.01	56	6.89	6.03	5.33
57	12.54	11.44	10.62	57	10.41	9.09	8.05
58	17.50	15.99	14.85	58	14.54	12.68	11.24
59	21.63	19.79	18.37	59	17.98	15.67	13.89
60	23.37	21.38	19.85	60	19.43	16.93	15.01

\$75 POLICY FEE

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 4A, 4M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.34	0.34	0.34	18-25	0.34	0.34	0.30
26	0.34	0.34	0.34	26	0.34	0.34	0.30
27	0.34	0.34	0.34	27	0.34	0.34	0.31
28	0.34	0.34	0.34	28	0.34	0.34	0.31
29	0.34	0.34	0.34	29	0.34	0.34	0.32
30	0.34	0.34	0.34	30	0.34	0.34	0.32
31	0.34	0.34	0.34	31	0.34	0.34	0.33
32	0.34	0.34	0.34	32	0.34	0.34	0.33
33	0.34	0.34	0.34	33	0.34	0.34	0.34
34	0.34	0.34	0.34	34	0.34	0.34	0.34
35	0.34	0.34	0.34	35	0.34	0.34	0.34
36	0.36	0.35	0.35	36	0.35	0.35	0.35
37	0.40	0.39	0.38	37	0.37	0.37	0.36
38	0.46	0.44	0.43	38	0.40	0.40	0.38
39	0.54	0.50	0.49	39	0.44	0.43	0.40
40	0.63	0.57	0.55	40	0.49	0.47	0.42
41	0.72	0.64	0.62	41	0.53	0.51	0.45
42	0.81	0.71	0.68	42	0.58	0.56	0.48
43	0.89	0.78	0.75	43	0.63	0.60	0.51
44	0.96	0.84	0.80	44	0.67	0.64	0.54
45	1.01	0.88	0.84	45	0.71	0.67	0.57
46	1.26	1.11	1.05	46	0.92	0.85	0.73
47	1.87	1.66	1.56	47	1.43	1.30	1.13
48	2.75	2.46	2.30	48	2.17	1.95	1.70
49	3.82	3.44	3.20	49	3.08	2.73	2.39
50	4.99	4.50	4.19	50	4.06	3.59	3.16
51	6.18	5.58	5.19	51	5.06	4.47	3.93
52	7.29	6.60	6.13	52	6.00	5.29	4.65
53	8.25	7.48	6.94	53	6.81	5.99	5.28
54	8.98	8.13	7.55	54	7.42	6.52	5.75
55	9.37	8.49	7.88	55	7.75	6.81	6.00
56	12.26	11.11	10.31	56	10.12	8.87	7.83
57	18.56	16.82	15.60	57	15.30	13.38	11.83
58	25.95	23.51	21.81	58	21.38	18.66	16.51
59	32.10	29.09	26.98	59	26.43	23.05	20.41
60	34.69	31.43	29.15	60	28.56	24.90	22.05

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 4A, 4M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.53	0.53	0.53	18-25	0.53	0.53	0.48
26	0.53	0.53	0.53	26	0.53	0.53	0.48
27	0.53	0.53	0.53	27	0.53	0.53	0.49
28	0.53	0.53	0.53	28	0.53	0.53	0.50
29	0.53	0.53	0.53	29	0.53	0.53	0.50
30	0.53	0.53	0.53	30	0.53	0.53	0.51
31	0.53	0.53	0.53	31	0.53	0.53	0.51
32	0.53	0.53	0.53	32	0.53	0.53	0.52
33	0.53	0.53	0.53	33	0.53	0.53	0.52
34	0.53	0.53	0.53	34	0.53	0.53	0.53
35	0.53	0.53	0.53	35	0.53	0.53	0.53
36	0.56	0.55	0.55	36	0.54	0.54	0.54
37	0.63	0.61	0.60	37	0.58	0.57	0.56
38	0.73	0.68	0.67	38	0.63	0.62	0.59
39	0.85	0.78	0.77	39	0.69	0.68	0.63
40	0.99	0.89	0.87	40	0.76	0.75	0.67
41	1.14	1.01	0.97	41	0.84	0.82	0.72
42	1.28	1.12	1.08	42	0.92	0.89	0.77
43	1.41	1.23	1.18	43	0.99	0.96	0.82
44	1.52	1.32	1.26	44	1.06	1.02	0.87
45	1.60	1.39	1.33	45	1.12	1.07	0.91
46	1.99	1.75	1.66	46	1.45	1.36	1.16
47	2.96	2.62	2.47	47	2.26	2.06	1.79
48	4.35	3.89	3.65	48	3.44	3.09	2.70
49	6.04	5.43	5.07	49	4.87	4.33	3.79
50	7.89	7.12	6.63	50	6.43	5.69	5.00
51	9.77	8.83	8.22	51	8.02	7.07	6.22
52	11.54	10.44	9.71	52	9.51	8.37	7.37
53	13.06	11.83	10.99	53	10.79	9.49	8.36
54	14.21	12.87	11.95	54	11.75	10.32	9.10
55	14.83	13.44	12.48	55	12.27	10.78	9.50
56	19.43	17.66	16.35	56	16.02	14.10	12.43
57	29.47	26.87	24.80	57	24.22	21.33	18.84
58	41.24	37.67	34.72	58	33.82	29.82	26.35
59	51.05	46.67	42.97	59	41.82	36.89	32.60
60	55.17	50.45	46.44	60	45.18	39.86	35.23

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 3A, 3M  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.10	0.10	0.10	18-25	0.10	0.10	0.10
26	0.10	0.10	0.10	26	0.10	0.10	0.10
27	0.10	0.10	0.10	27	0.10	0.10	0.10
28	0.10	0.10	0.10	28	0.10	0.10	0.10
29	0.10	0.10	0.10	29	0.10	0.10	0.10
30	0.10	0.10	0.10	30	0.10	0.10	0.10
31	0.11	0.10	0.10	31	0.10	0.10	0.10
32	0.11	0.10	0.10	32	0.10	0.10	0.10
33	0.11	0.10	0.10	33	0.10	0.10	0.10
34	0.11	0.10	0.10	34	0.10	0.10	0.10
35	0.11	0.10	0.10	35	0.10	0.10	0.10
36	0.12	0.10	0.10	36	0.10	0.10	0.10
37	0.13	0.11	0.11	37	0.12	0.11	0.11
38	0.15	0.13	0.13	38	0.13	0.13	0.12
39	0.17	0.15	0.15	39	0.15	0.14	0.13
40	0.19	0.17	0.17	40	0.18	0.16	0.14
41	0.22	0.19	0.19	41	0.20	0.18	0.16
42	0.25	0.22	0.21	42	0.23	0.20	0.17
43	0.27	0.24	0.23	43	0.25	0.21	0.19
44	0.29	0.26	0.25	44	0.27	0.23	0.20
45	0.31	0.27	0.26	45	0.28	0.24	0.21
46	0.39	0.35	0.33	46	0.35	0.30	0.26
47	0.60	0.53	0.51	47	0.52	0.44	0.39
48	0.90	0.80	0.76	48	0.76	0.66	0.58
49	1.26	1.13	1.07	49	1.06	0.91	0.82
50	1.66	1.49	1.41	50	1.38	1.19	1.07
51	2.07	1.85	1.76	51	1.71	1.48	1.32
52	2.45	2.19	2.08	52	2.03	1.75	1.57
53	2.78	2.49	2.36	53	2.29	1.98	1.78
54	3.02	2.72	2.57	54	2.50	2.15	1.93
55	3.16	2.84	2.69	55	2.61	2.25	2.02
56	4.21	3.81	3.59	56	3.48	3.01	2.69
57	6.52	5.93	5.54	57	5.38	4.67	4.15
58	9.22	8.41	7.84	58	7.62	6.62	5.86
59	11.46	10.48	9.75	59	9.48	8.24	7.29
60	12.41	11.35	10.55	60	10.26	8.92	7.89

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 3A, 3M  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.23	0.23	0.23	18-25	0.23	0.23	0.23
26	0.23	0.23	0.23	26	0.23	0.23	0.23
27	0.23	0.23	0.23	27	0.23	0.23	0.23
28	0.24	0.23	0.23	28	0.23	0.23	0.23
29	0.24	0.23	0.23	29	0.23	0.23	0.23
30	0.24	0.23	0.23	30	0.23	0.23	0.23
31	0.24	0.23	0.23	31	0.23	0.23	0.23
32	0.24	0.23	0.23	32	0.23	0.23	0.23
33	0.25	0.23	0.23	33	0.23	0.23	0.23
34	0.25	0.23	0.23	34	0.23	0.23	0.23
35	0.25	0.23	0.23	35	0.23	0.23	0.23
36	0.26	0.24	0.24	36	0.24	0.24	0.24
37	0.29	0.26	0.26	37	0.27	0.26	0.25
38	0.33	0.30	0.30	38	0.30	0.29	0.27
39	0.38	0.34	0.34	39	0.35	0.32	0.30
40	0.44	0.39	0.38	40	0.40	0.36	0.33
41	0.50	0.44	0.43	41	0.46	0.41	0.36
42	0.57	0.50	0.48	42	0.51	0.45	0.40
43	0.62	0.54	0.53	43	0.56	0.49	0.43
44	0.67	0.59	0.57	44	0.61	0.52	0.46
45	0.71	0.62	0.60	45	0.64	0.55	0.48
46	0.90	0.79	0.77	46	0.80	0.69	0.60
47	1.38	1.22	1.17	47	1.19	1.02	0.90
48	2.06	1.84	1.76	48	1.75	1.51	1.34
49	2.90	2.59	2.47	49	2.43	2.09	1.87
50	3.81	3.42	3.25	50	3.18	2.74	2.45
51	4.74	4.25	4.04	51	3.93	3.39	3.04
52	5.61	5.04	4.78	52	4.65	4.01	3.60
53	6.36	5.72	5.42	53	5.26	4.54	4.07
54	6.93	6.23	5.90	54	5.72	4.94	4.43
55	7.24	6.51	6.17	55	5.98	5.16	4.63
56	9.59	8.64	8.16	56	7.91	6.81	6.11
57	14.74	13.31	12.51	57	12.13	10.40	9.33
58	20.77	18.78	17.62	58	17.08	14.62	13.11
59	25.80	23.33	21.86	59	21.21	18.13	16.26
60	27.91	25.25	23.65	60	22.94	19.61	17.58

\$75 POLICY FEE

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 3A, 3M  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.34	0.34	0.34	18-25	0.34	0.34	0.34
26	0.34	0.34	0.34	26	0.34	0.34	0.34
27	0.35	0.34	0.34	27	0.34	0.34	0.34
28	0.35	0.34	0.34	28	0.34	0.34	0.34
29	0.35	0.34	0.34	29	0.34	0.34	0.34
30	0.35	0.34	0.34	30	0.34	0.34	0.34
31	0.36	0.34	0.34	31	0.34	0.34	0.34
32	0.36	0.34	0.34	32	0.34	0.34	0.34
33	0.36	0.34	0.34	33	0.34	0.34	0.34
34	0.37	0.34	0.34	34	0.34	0.34	0.34
35	0.37	0.34	0.34	35	0.34	0.34	0.34
36	0.39	0.35	0.35	36	0.36	0.35	0.35
37	0.43	0.39	0.39	37	0.39	0.38	0.37
38	0.49	0.44	0.44	38	0.45	0.42	0.40
39	0.57	0.50	0.50	39	0.52	0.48	0.44
40	0.65	0.58	0.56	40	0.60	0.54	0.49
41	0.74	0.65	0.64	41	0.68	0.60	0.54
42	0.83	0.73	0.71	42	0.76	0.66	0.59
43	0.91	0.80	0.77	43	0.83	0.72	0.63
44	0.98	0.86	0.83	44	0.89	0.77	0.68
45	1.04	0.91	0.88	45	0.94	0.81	0.71
46	1.32	1.17	1.12	46	1.17	1.01	0.89
47	2.02	1.80	1.72	47	1.74	1.50	1.33
48	3.03	2.71	2.58	48	2.57	2.21	1.98
49	4.26	3.81	3.62	49	3.57	3.08	2.75
50	5.60	5.02	4.76	50	4.67	4.02	3.61
51	6.96	6.25	5.92	51	5.78	4.98	4.47
52	8.25	7.41	7.02	52	6.83	5.89	5.29
53	9.36	8.41	7.96	53	7.74	6.67	5.99
54	10.19	9.16	8.67	54	8.42	7.26	6.52
55	10.65	9.57	9.06	55	8.79	7.58	6.81
56	14.13	12.66	12.00	56	11.59	10.02	8.97
57	21.73	19.40	18.41	57	17.72	15.36	13.70
58	30.65	27.31	25.94	58	24.90	21.61	19.24
59	38.08	33.89	32.21	59	30.88	26.82	23.85
60	41.20	36.66	34.84	60	33.40	29.01	25.79

\$75 POLICY FEE

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OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 3A, 3M  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.53	0.53	0.53	18-25	0.53	0.53	0.53
26	0.54	0.53	0.53	26	0.53	0.53	0.53
27	0.54	0.53	0.53	27	0.53	0.53	0.53
28	0.55	0.53	0.53	28	0.53	0.53	0.53
29	0.55	0.53	0.53	29	0.53	0.53	0.53
30	0.56	0.53	0.53	30	0.53	0.53	0.53
31	0.57	0.53	0.53	31	0.53	0.53	0.53
32	0.57	0.53	0.53	32	0.53	0.53	0.53
33	0.58	0.53	0.53	33	0.53	0.53	0.53
34	0.58	0.53	0.53	34	0.53	0.53	0.53
35	0.59	0.53	0.53	35	0.53	0.53	0.53
36	0.62	0.55	0.55	36	0.55	0.55	0.54
37	0.68	0.61	0.60	37	0.62	0.60	0.58
38	0.78	0.69	0.68	38	0.71	0.66	0.63
39	0.90	0.79	0.78	39	0.82	0.75	0.70
40	1.03	0.91	0.89	40	0.94	0.84	0.77
41	1.18	1.03	1.00	41	1.07	0.94	0.85
42	1.32	1.15	1.12	42	1.20	1.04	0.93
43	1.45	1.26	1.22	43	1.31	1.14	1.00
44	1.56	1.36	1.32	44	1.41	1.22	1.07
45	1.65	1.44	1.39	45	1.49	1.28	1.12
46	2.10	1.85	1.77	46	1.86	1.60	1.41
47	3.20	2.84	2.71	47	2.76	2.38	2.11
48	4.80	4.28	4.08	48	4.07	3.50	3.12
49	6.74	6.03	5.73	49	5.65	4.87	4.35
50	8.87	7.95	7.54	50	7.39	6.37	5.71
51	11.03	9.89	9.38	51	9.15	7.89	7.08
52	13.06	11.73	11.11	52	10.82	9.32	8.37
53	14.81	13.31	12.61	53	12.25	10.56	9.48
54	16.13	14.49	13.73	54	13.33	11.49	10.32
55	16.86	15.15	14.35	55	13.92	12.00	10.78
56	22.38	20.10	19.05	56	18.42	15.84	14.27
57	34.43	30.91	29.32	57	28.24	24.24	21.88
58	48.58	43.59	41.36	58	39.77	34.08	30.82
59	60.35	54.14	51.38	59	49.36	42.28	38.25
60	65.30	58.58	55.60	60	53.40	45.73	41.38

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 2A  
LUMP SUM BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.10	0.10	0.10	18-25	0.10	0.10	0.10
26	0.10	0.10	0.10	26	0.10	0.10	0.10
27	0.10	0.10	0.10	27	0.10	0.10	0.10
28	0.10	0.10	0.10	28	0.10	0.10	0.10
29	0.10	0.10	0.10	29	0.10	0.10	0.10
30	0.10	0.10	0.10	30	0.11	0.11	0.11
31	0.11	0.10	0.10	31	0.11	0.11	0.11
32	0.11	0.10	0.10	32	0.11	0.11	0.11
33	0.11	0.10	0.10	33	0.11	0.11	0.11
34	0.11	0.10	0.10	34	0.11	0.11	0.11
35	0.11	0.10	0.10	35	0.11	0.11	0.11
36	0.12	0.11	0.10	36	0.11	0.11	0.11
37	0.13	0.12	0.12	37	0.13	0.12	0.12
38	0.15	0.14	0.13	38	0.14	0.13	0.13
39	0.17	0.16	0.15	39	0.16	0.15	0.14
40	0.20	0.19	0.18	40	0.18	0.17	0.15
41	0.23	0.22	0.20	41	0.21	0.18	0.17
42	0.26	0.24	0.23	42	0.23	0.20	0.18
43	0.29	0.27	0.25	43	0.25	0.22	0.20
44	0.31	0.29	0.27	44	0.27	0.24	0.21
45	0.33	0.31	0.29	45	0.29	0.25	0.22
46	0.44	0.40	0.37	46	0.38	0.32	0.28
47	0.70	0.63	0.58	47	0.59	0.50	0.44
48	1.08	0.96	0.88	48	0.91	0.76	0.67
49	1.54	1.36	1.24	49	1.29	1.07	0.95
50	2.04	1.79	1.64	50	1.71	1.42	1.25
51	2.56	2.24	2.05	51	2.13	1.77	1.56
52	3.05	2.66	2.43	52	2.54	2.10	1.86
53	3.47	3.03	2.76	53	2.88	2.39	2.11
54	3.79	3.30	3.02	54	3.15	2.61	2.30
55	3.97	3.46	3.16	55	3.30	2.73	2.41
56	5.48	4.76	4.35	56	4.54	3.75	3.30
57	8.80	7.61	6.97	57	7.25	5.99	5.24
58	12.70	10.96	10.03	58	10.43	8.61	7.52
59	15.94	13.74	12.59	59	13.08	10.79	9.41
60	17.30	14.91	13.66	60	14.19	11.71	10.21

\$75 POLICY FEE

\$75 POLICY FEE



OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 2A  
TWO YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.23	0.23	0.23	18-25	0.23	0.23	0.23
26	0.23	0.23	0.23	26	0.23	0.23	0.23
27	0.23	0.23	0.23	27	0.23	0.23	0.23
28	0.24	0.23	0.23	28	0.24	0.24	0.23
29	0.24	0.23	0.23	29	0.24	0.24	0.24
30	0.24	0.23	0.23	30	0.24	0.24	0.24
31	0.24	0.23	0.23	31	0.24	0.24	0.24
32	0.24	0.23	0.23	32	0.24	0.24	0.24
33	0.25	0.23	0.23	33	0.25	0.25	0.24
34	0.25	0.23	0.23	34	0.25	0.25	0.24
35	0.25	0.23	0.23	35	0.25	0.25	0.24
36	0.26	0.24	0.24	36	0.26	0.26	0.25
37	0.29	0.27	0.27	37	0.28	0.28	0.26
38	0.34	0.32	0.31	38	0.32	0.30	0.28
39	0.39	0.37	0.35	39	0.37	0.34	0.31
40	0.46	0.43	0.41	40	0.42	0.38	0.34
41	0.53	0.49	0.47	41	0.47	0.42	0.38
42	0.59	0.56	0.52	42	0.52	0.46	0.41
43	0.66	0.62	0.58	43	0.58	0.50	0.44
44	0.71	0.67	0.62	44	0.62	0.54	0.47
45	0.76	0.71	0.66	45	0.66	0.57	0.50
46	1.01	0.92	0.85	46	0.86	0.74	0.65
47	1.61	1.44	1.33	47	1.36	1.15	1.01
48	2.48	2.20	2.02	48	2.08	1.74	1.54
49	3.54	3.11	2.85	49	2.96	2.47	2.17
50	4.70	4.12	3.77	50	3.92	3.26	2.87
51	5.88	5.14	4.70	51	4.89	4.06	3.58
52	6.99	6.11	5.58	52	5.82	4.82	4.26
53	7.96	6.94	6.34	53	6.61	5.48	4.84
54	8.69	7.57	6.92	54	7.22	5.98	5.27
55	9.10	7.93	7.24	55	7.56	6.26	5.52
56	12.43	10.80	9.82	56	10.32	8.49	7.46
57	19.73	17.08	15.46	57	16.35	13.39	11.71
58	28.29	24.45	22.09	58	23.44	19.12	16.69
59	35.41	30.58	27.60	59	29.33	23.90	20.84
60	38.41	33.16	29.92	60	31.81	25.91	22.58

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 2A  
THREE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.34	0.34	0.34	18-25	0.34	0.34	0.34
26	0.34	0.34	0.34	26	0.34	0.34	0.34
27	0.35	0.34	0.34	27	0.35	0.35	0.35
28	0.35	0.34	0.34	28	0.35	0.35	0.35
29	0.35	0.34	0.34	29	0.35	0.35	0.35
30	0.35	0.34	0.34	30	0.36	0.36	0.35
31	0.36	0.34	0.34	31	0.36	0.36	0.35
32	0.36	0.34	0.34	32	0.36	0.36	0.35
33	0.36	0.34	0.34	33	0.36	0.36	0.36
34	0.37	0.34	0.34	34	0.37	0.37	0.36
35	0.37	0.34	0.34	35	0.37	0.37	0.36
36	0.39	0.36	0.36	36	0.39	0.38	0.37
37	0.43	0.40	0.40	37	0.42	0.41	0.39
38	0.50	0.46	0.45	38	0.48	0.45	0.42
39	0.58	0.54	0.52	39	0.54	0.50	0.46
40	0.67	0.63	0.61	40	0.62	0.56	0.51
41	0.77	0.72	0.69	41	0.70	0.62	0.56
42	0.87	0.82	0.78	42	0.78	0.68	0.61
43	0.96	0.90	0.85	43	0.86	0.74	0.66
44	1.04	0.98	0.92	44	0.92	0.79	0.70
45	1.11	1.04	0.98	45	0.98	0.84	0.74
46	1.47	1.35	1.26	46	1.28	1.09	0.96
47	2.35	2.12	1.96	47	2.01	1.69	1.49
48	3.63	3.23	2.97	48	3.07	2.56	2.26
49	5.19	4.58	4.20	49	4.35	3.62	3.20
50	6.90	6.05	5.55	50	5.77	4.79	4.23
51	8.63	7.56	6.91	51	7.20	5.97	5.27
52	10.27	8.98	8.21	52	8.56	7.09	6.26
53	11.69	10.20	9.32	53	9.73	8.06	7.11
54	12.77	11.13	10.17	54	10.62	8.79	7.76
55	13.38	11.66	10.65	55	11.12	9.20	8.12
56	18.34	15.89	14.51	56	15.19	12.51	11.02
57	29.21	25.15	22.95	57	24.10	19.76	17.37
58	41.97	36.02	32.86	58	34.56	28.27	24.82
59	52.59	45.07	41.11	59	43.26	35.35	31.02
60	57.05	48.87	44.58	60	46.92	38.33	33.63

\$75 POLICY FEE

\$75 POLICY FEE

OHIO NATIONAL LIFE ASSURANCE CORPORATION  
DISABILITY BUY SELL COVERAGE  
RIDER FORM 13DEB-1  
OCCUPATIONAL CLASSES 2A  
FIVE YEAR BENEFIT PERIOD  
ANNUAL PREMIUM PER \$100 MONTHLY INCOME

MALE				FEMALE			
AGE	365 Day	540 Day	730 Day	AGE	365 Day	540 Day	730 Day
18-25	0.53	0.53	0.53	18-25	0.53	0.53	0.53
26	0.54	0.53	0.53	26	0.54	0.54	0.53
27	0.54	0.53	0.53	27	0.54	0.54	0.54
28	0.55	0.53	0.53	28	0.55	0.55	0.55
29	0.55	0.53	0.53	29	0.55	0.55	0.55
30	0.56	0.53	0.53	30	0.56	0.56	0.56
31	0.57	0.53	0.53	31	0.57	0.57	0.56
32	0.57	0.53	0.53	32	0.57	0.57	0.57
33	0.58	0.53	0.53	33	0.58	0.58	0.57
34	0.58	0.53	0.53	34	0.59	0.59	0.58
35	0.59	0.53	0.53	35	0.59	0.59	0.58
36	0.62	0.56	0.56	36	0.61	0.61	0.59
37	0.69	0.62	0.62	37	0.67	0.65	0.63
38	0.79	0.72	0.71	38	0.76	0.72	0.68
39	0.92	0.85	0.83	39	0.86	0.80	0.74
40	1.07	0.99	0.95	40	0.98	0.89	0.81
41	1.22	1.13	1.09	41	1.11	0.98	0.89
42	1.37	1.28	1.22	42	1.23	1.08	0.96
43	1.52	1.41	1.35	43	1.35	1.17	1.04
44	1.65	1.53	1.46	44	1.46	1.26	1.11
45	1.76	1.63	1.55	45	1.55	1.33	1.17
46	2.33	2.13	2.00	46	2.02	1.72	1.51
47	3.73	3.34	3.10	47	3.18	2.67	2.36
48	5.75	5.09	4.70	48	4.85	4.05	3.58
49	8.22	7.23	6.65	49	6.89	5.73	5.06
50	10.92	9.57	8.78	50	9.12	7.58	6.69
51	13.66	11.95	10.94	51	11.39	9.45	8.35
52	16.26	14.20	12.99	52	13.54	11.22	9.91
53	18.51	16.15	14.76	53	15.39	12.75	11.26
54	20.21	17.62	16.10	54	16.80	13.91	12.28
55	21.18	18.46	16.86	55	17.60	14.56	12.86
56	29.10	25.24	23.00	56	24.08	19.84	17.48
57	46.46	40.07	36.44	57	38.28	31.40	27.59
58	66.82	57.48	52.22	58	54.93	44.96	39.45
59	83.78	71.98	65.35	59	68.80	56.25	49.32
60	90.90	78.07	70.87	60	74.63	60.99	53.47

\$75 POLICY FEE

\$75 POLICY FEE

GUARANTEED PHYSICAL INSURABILITY RIDER

RIDER FORM 13DGB-1

PREMIUM RATES ARE EXPRESSED AS A PERCENTAGE OF THE BASE POLICY RATES  
PLUS THE RATES FOR ANY APPLICABLE RIDERS

AGE	All Classes
18-25	5.50%
26	5.50%
27	5.50%
28	5.50%
29	5.50%
30	5.00%
31	5.00%
32	5.00%
33	5.00%
34	5.00%
35	5.00%
36	5.00%
37	5.00%
38	5.00%
39	5.00%
40	4.50%
41	4.50%
42	4.50%
43	4.50%
44	4.50%
45	4.00%
46	4.00%
47	4.00%
48	4.00%
49	4.00%
50	4.00%

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Ohio National Life Assurance Corporation
<b>TOI/Sub-TOI:</b>	H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups		
<b>Product Name:</b>	DI BOE & Buy Sell		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/14/2012
Comments:			
Attachment(s):			
Flesch Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	11/14/2012
Comments:	The application to be used with these forms is Form 6465-AR, which was approved by your Department on 6/23/11, State Tracking Number 48910.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	11/14/2012
Comments:			
Attachment(s):			
1301.AR.pdf			
1201.AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	11/14/2012
Comments:			
Attachment(s):			
Statement of Variability.pdf			

## FLESCH CERTIFICATION

STATE OF OHIO                    )  
  )   SS  
COUNTY OF HAMILTON    )

The undersigned officer of OHIO NATIONAL LIFE ASSURANCE CORPORATION certifies:


1.     The number of words and Flesch reading ease test score in the forms are as follows:

<u>Policy Forms</u>	<u>No. of Words</u>	<u>Flesch</u>
13DE-1	4824	53
13DB-1	3397	51
 <u>Rider Forms</u>		
13DGI-1	647	56
13DSM-1	474	50
13DEB-1	147	54
13DGB-1	536	56

2.     Such forms are printed in not less than ten point type, one point leaded.
3.     No textual language or terminology was excepted in arriving at said Flesch score.
4.     The entire text of the forms was analyzed.

IN WITNESS WHEREOF, I have signed my name this 14<sup>th</sup> day of September, 2012.

OHIO NATIONAL LIFE ASSURANCE CORPORATION

BY:   
Elizabeth F. Martini  
Vice President and Counsel

**Ohio National Life Assurance Corporation**  
**P. O. Box 237, Cincinnati, Ohio 45201**  
**Disability Buy Sell Protection Coverage**  
**Form 13DB-1.AR**  
**Outline of Coverage**  
**Retain This for Your Records**  
(Return One Signed Copy To The Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Buy Sell Coverage** is designed to cover the Insured for a Total Disability resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3)      Benefits	Benefit Amount	Elimination Period	Benefit Period
Lump Sum	\$250,500	365 Days	N/A
Monthly Installment	\$5,000	365 Days	24 Months
Maximum Aggregate Benefit	\$370,000		
Transfer of Coverage	After 2 years the policy can be transferred to a new owner if stated conditions are met. Benefits cannot exceed the original maximum aggregate benefit.		
Waiver of Premium	If Totally Disabled for at least 90 days.		
Basic Policy Premium	Annual Premium	\$967.70	

The amount of the Buy Sell Benefit will be the percentage factor times the lowest of: (a) the Maximum Aggregate Benefit; (b) the value of the Insured's ownership interest in the Business Entity determined using the valuation method chosen in the application; or (c) the actual Purchase Price paid.

The percentage factor is:

- 100% if Total Disability begins before Age 61
- 80% if Total Disability begins on or after Age 61 but before Age 62
- 60% if Total Disability begins on or after Age 62 but before Age 63
- 40% if Total Disability begins on or after Age 63 but before Age 64
- 20% if Total Disability begins on or after Age 64.

(4) **Policy Exclusions and Limitations.** No benefit is paid if: (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (b) you are incarcerated; (c) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (d) the disability was caused by an intentionally self-inflicted injury; (e) your license has been suspended or revoked; or (f) the cause of the disability has been excluded by use of an Exclusion Rider.

Except as expressly stated in an Exclusion Rider attached to the policy, during the first two years following the issue date of the policy, **Pre-existing Conditions** are not covered if:

- (a) It was material and you misrepresented or failed to reveal the condition on your Application; and
- (b) Disability is due to a sickness or a physical or mental condition for which not more than five years prior to the policy date: (b1) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (b2) medical advice or treatment was recommended by or received from a physician.

**Time Limit on Certain Defenses**

After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on the Insured's application can be used to void this policy or to deny a claim for Total Disability. No claim for a Total Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Total Disability by name, or there were fraudulent misstatements on the Insured's application.

**(5) Optional Benefits** **Premium**

<input type="checkbox"/>	<b>Extended Benefit Rider - Form 13DEB-1</b>  No reduction in benefits due solely to Total Disability occurring after Age 61.	\$269.10
<input type="checkbox"/>	<b>Guarantee of Physical Insurability Rider - Form 13DGB-1.AR</b>  Until Age 55, you may buy additional disability buy sell coverage on each second policy anniversary without proving that you can be medically insured. The Increase Amount cannot be more than 20% of the original Maximum Aggregate Amount. You may not have an Increase Amount that will give you more than our maximum issue limit for such coverage in effect at the time of the increase.	\$184.95

**(6) Renewal Provisions.** The policy may be continued until the earliest of: (a) The Insured's Age 65; (b) The date the Insured terminates active full-time work with the Business. Entity for any reason other than Total Disability; (c) The date the Buy Sell Benefit is paid; (d) The date one person owns more than 90% of the Business Entity; or (e) The death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months' premium paid for a period beyond the end date that occurs due to items (b), (d) or (e) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

**(7) Annual Premium\*** \$1,846.65

Also payable at      \$125.00    Quarterly to Age 65

Grace Period: 31 Days

\*Includes \$75.00 policy fee.

I received this Outline of Coverage on \_\_\_\_\_  
Applicant: \_\_\_\_\_

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.  
Licensed Resident Agent \_\_\_\_\_

Local telephone number: \_\_\_\_\_



**Ohio National Life Assurance Corporation**

P.O. Box 237, Cincinnati, Ohio 45201

**DISABILITY INCOME PROTECTION COVERAGE****Business Overhead Expense Disability Policy****Form 13DE-1.AR****Outline of Coverage****Retain This for Your Records**

(Return One Signed Copy to the Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Income Protection Coverage** is designed to cover you for disabilities resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) Benefits	Benefit Amount	Elimination Period	Maximum Total Benefit
<b>Maximum First Month Total Disability Benefit</b>	\$10,000 per month	90 Days	\$ 120,000
<b>Waiver of Premium</b>	If Disabled for at least the Elimination Period.		
<b>Presumptive Disability</b>	For total loss of sight, hearing or speech, or the complete loss of the use of both hands, both feet or one hand and one foot.		
<b>Cosmetic or Transplant Surgery</b>	Disability caused by surgery: (a) to restore your appearance due to Injury or related surgery; or (b) to enable you to donate one of your bodily organs to someone else.		
<b>Basic Policy Premium</b>	<b>Annual Premium \$</b>	<b>967.70</b>	

Covered Business Expenses are normal and customary business expenses that you regularly incur in your business. They are the kinds of expenses that are deductible for federal income tax purposes.

Salaries of members of your family are covered provided that:

- (a) No salary increase made while you are disabled will be a covered expense; and
- (b) The family member was a paid employee of the business during the last 180 days prior to the time your disability begins.

**Covered Business Expenses do not include:**

Your salary, profits, or other payments to you; Bonuses; Drawing accounts; Charitable contributions; Personal expenses; Repairs or improvements on equipment or buildings; Profits, salary or other payments for any of the other members of your business or other persons with whom you share business expenses; The cost of any merchandise, equipment, furniture, tools or other products used in your Business; Income taxes or any business expense for which you were not regularly liable before your Disability began; Any financial obligations, including insurance premiums, which are waived during a Disability; Entertainment expenses; Depreciation or other intangible expenses; The cost of any goods, inventory, or merchandise of any nature purchased for sale; Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability; Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled; Any ongoing expenses after the sale of your business.

**(4) Policy Exclusions and Limitations.** No benefit is paid if:

- (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (b) you are incarcerated; (c) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (d) the disability was caused by an intentionally self-inflicted injury; (e) your license has been suspended or revoked; or (f) the cause of the disability has been excluded by use of an Exclusion Rider.

Except as expressly stated in an Exclusion Rider attached to the policy, Pre-existing Conditions are not covered if:

- (a) It was material and you misrepresented or failed to reveal the condition on your Application; and
- (b) Disability is due to a sickness or a physical or mental condition for which not more than five years prior to the policy date:
  - (b1) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
  - (b2) medical advice or treatment was recommended by, or received from, a physician.

**Time Limit on Certain Defenses.** After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on an application can be used to void your policy or to deny a claim for disability. No claim for a Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Disability by name, or there were fraudulent misstatements on your application.

**(5) Optional Benefits**

- |  | <b>Premium</b> |
|--|----------------|
| <input type="checkbox"/> <b>Additional Monthly Benefit Rider - Form 13DSM-1</b>  | \$ 269.10      |
| Additional monthly benefits available during the first six months of disability after completion of the elimination period.  |                |
| <input type="checkbox"/> <b>Guarantee of Physical Insurability Rider - Form 13DGI-1</b>  | \$ 184.95      |
| You may buy additional business overhead expense coverage on any policy anniversary without proving that you can be medically insured. The Increase Amount must be at least \$200. You may not have an Increase Amount that will give you more than our maximum issue limit for such coverage in effect at the time of the increase. |                |

- (6) **Renewal Provisions.** As long as you pay premiums, we cannot cancel your policy. You may renew it to Age 65. Until then, we cannot raise the rates.

You can renew your policy after Age 65 up to and at Age 75 if: (a) you continue to work at least 30 hours a week; (b) the policy was in force for the prior policy year; (c) you are not receiving benefits or are not eligible for benefits for a claim under the policy; (d) we have approved your completed application for renewal; and (5) you pay the appropriate premium. (Any rate change after Age 65 will be based on your attained age, and your risk class and sex as of the policy date.)

- (7) **Annual Premium\*** \$ 1,846.65

Also payable at \$ 125.00 Quarterly to Age 65

Grace Period: 31 Days

\*Includes \$ 75.00 policy fee.

**I received this Outline of Coverage on** \_\_\_\_\_

**Applicant** \_\_\_\_\_

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.

**Licensed Resident Agent** \_\_\_\_\_

**Local Telephone Number:** \_\_\_\_\_

### **Statement of Variability**

This statement is applicable to specifications page 3 of the Disability Income Policy Form 13DE-1.

- A.** Base Monthly Benefit: \$100 - \$40,000
- B.** Elimination Period for Base and Waiver of Premium: 30 Days; 60 Days; 90 Days
- C.** Base Premium: Based On Coverage Chosen By Insured
- D.** Base Premium Years Payable: Based On Insured's Age
- E.** Additional Monthly Benefit Amount: \$100-\$20,000
- F.** Additional Monthly Benefit Premium: Based On Coverage Chosen By Insured
- G.** Additional Monthly Benefit Years Payable: Based On Insured's Age
- H.** Guarantee Of Physical Insurability (GPI) Rider Benefit Amount: \$100 - \$20,000
- I.** GPI Premium: Based On Coverage Chosen By Insured
- J.** GPI Premium Years Payable: Based On Insured's Age
- K.** Maximum Total Benefit for the first six months: Sum of Base Monthly Benefit plus Additional Monthly Rider for the first 6 month
- L.** Maximum Total Benefit: Sum of Base Monthly Benefit plus Additional Monthly Rider for the Duration of Coverage
- M.** Total Annual Premium: Based On Insured's Age & Coverage Chosen
- N.** Total Semiannual Premium:  $.5125 * \text{Total Annual Premium}$
- O.** Quarterly Annual Premium:  $.2625 * \text{Total Annual Premium}$

This statement is applicable to specifications page 3 of the Disability Income Policy Form 13DB-1.

- P.** Elimination Period for Lump Sum Benefit Period and Monthly Installment Benefit: 365 Days, 540 Days, 730 Days
- Q.** Annual Premium: Based On Coverage Chosen By Insured
- R.** Years Payable: Based On Insured's Age
- S.** Maximum Benefits Period on Monthly Installments: 24 Months, 36 Months, 60 Months
- T.** Maximum Benefits For Disability Starting: Prior to Age 65 (if Extended Benefit Rider is chosen)  
Maximum Benefits For Disability Starting: (if Extended Benefit Rider is **not** chosen)
  - Prior to age 61
  - On Or After Age 61 But Prior to Age 62
  - On Or After Age 62 But Prior to Age 63
  - On Or After Age 63 But Prior to Age 64
  - On Or After Age 64 But Prior to Age 65

Statement applicable to specifications page 3 of the Disability Income Policy Form 13DB-1  
Continued:

- U.** Lump Sum Benefit: Based Insured's Age and Coverage Chosen
- V.** Monthly Installment Benefit: Based Insured's Age and Coverage Chosen
- W.** Maximum Aggregate Benefit: \$25,000 - \$2,000,000
- X.** Annual Premium: Based On Insured's Age
- Y** Years Payable: Based On Insured's Age
- Z** GPI Maximum Increase Amount: not to exceed \$1,000,000
- AA.** Total Annual Premium: Based On Insured's Age & Coverage Chosen
- BB.** Total Semiannual Premium:  $.5125 * \text{Total Annual Premium}$
- CC.** Quarterly Annual Premium:  $.2625 * \text{Total Annual Premium}$

State: Arkansas

Filing Company:

Ohio National Life Assurance Corporation

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.001 Business Overhead Expense - Unrelated to marketing with employer or association groups

Product Name: DI BOE &amp; Buy Sell

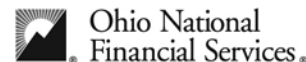
Project Name/Number: /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

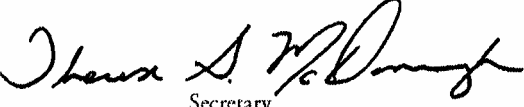
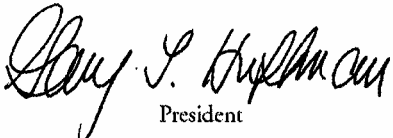
Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/17/2012	Replaced 11/14/2012	Form	Disability Buy Sell Policy	11/09/2012	FORM 13DB-1.pdf (Superseded)
10/16/2012	Replaced 11/14/2012	Form	Business Overhead Expense Disability Policy	11/09/2012	FORM 13DE-1.pdf (Superseded)
10/16/2012	Replaced 11/14/2012	Form	Disability Buy Sell Policy	10/17/2012	13DB-1.pdf (Superseded)
10/16/2012	Replaced 11/14/2012	Form	Guarantee of Physical Insurability Rider	11/09/2012	13DGB-1.pdf (Superseded)
09/28/2012	Replaced 11/14/2012	Form	Business Overhead Expense Disability Policy	10/16/2012	Form 13DE-1.pdf (Superseded)
09/28/2012	Replaced 11/14/2012	Form	Disability Buy Sell Policy	10/16/2012	Form 13DB-1.pdf (Superseded)
09/28/2012	Replaced 11/14/2012	Form	Guarantee of Physical Insurability Rider	10/16/2012	Form 13DGB-1.pdf (Superseded)
09/12/2012	Replaced 11/14/2012	Supporting Document	Outline of Coverage	11/09/2012	Form 1201 BOE Outline of Coverage.pdf (Superseded) Form 1301 Buy Sell Outline of Coverage.pdf (Superseded)

# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on pages 10 and 11. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[  Secretary  President ]

**20 Day Right To Examine The Policy:** You have the right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Renewal Conditions.** This policy may be continued until the earliest of:

- (1) the Insured's Age 65; or
- (2) the date the Insured terminates Active Full-Time Work with the Business Entity for any reason other than Total Disability; or
- (3) the date the Buy Sell Benefit is paid; or
- (4) the date one person owns more than 90% of the Business Entity; or
- (5) the death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months' premium paid for a period beyond the end date that occurs due to numbers (2), (4) or (5) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

Benefits are reduced if the Insured is Age 61 or older. As shown on Policy Specifications Page 3, benefits of this policy will be reduced depending on the Age at which the Insured becomes Totally Disabled.

## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

## Policy Contents

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## Policy Specifications

### Benefit Specifications

**Description of Benefits**

Disability Buy-Sell  
With Lump Sum Benefit  
Elimination Period - [365 Days]  
P

(Plus)

Disability Buy-Sell  
With Monthly Installment Benefit  
Elimination Period - [365 Days]  
P

Maximum Benefit Period  
On Monthly Installments - [60 Months]  
S

### Premium Specifications

Annual Premium	Years Payable	Form Number
\$[697.00]	[30]	13DB-1
Q	R	
\$[839.50]	[30]	13DB-1
Q	R	
<b>Lump Sum Benefit</b>	<b>Monthly Installment Benefit</b>	<b>Maximum Aggregate Benefit</b>
\$[20,0000]	\$[5,000]	\$[500,000]
U	V	W

**Loss Payee:** John Payee

### Additional Benefit Agreements

Extended Benefit Rider	\$[42.00] X	[30] Y	13DEB-1
Guarantee of Physical Insurability Rider Maximum Increase Amount    \$[250,000] Z	\$[40.00] X	[25] Y	13DGB-1

**Policy Number**  
H6000000

**Policy Date**  
09/15/2012

**Issue Date**  
09/15/2012

**Insured**  
John Doe

**Issue Age & Sex**  
35    Male

**Owner**  
The Insured

**Total Premium**  
**Annual**  
\$[1618.50]  
AA

**Semiannual**  
\$[829.48]  
BB

**Quarterly**  
\$[424.86]  
CC

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## Definitions

### Active Full-Time Work

The Insured is at work on behalf of the Business Entity for at least 30 hours per week at the usual place of business.

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business Entity

The Partnership or Corporation named in the application which employs the Insured and in which the Insured has an ownership interest.

### Buy Sell

The purchase and transfer of the Insured's entire ownership interest in the Business Entity under the terms of the Buy Sell Agreement as a result of the Insured's Total Disability.

### Buy Sell Agreement

A written agreement between the Insured and the Business Entity or you, providing for the Purchase Price, valuation method chosen in the application, and transfer of the Insured's entire ownership interest in the Business Entity in the event of the Insured's Total Disability. The Buy Sell Agreement must be in effect at the time Total Disability began. We are not a party to this agreement.

### Buy Sell Benefit

The benefit amount to be paid under this policy. The maximum amount and frequency of the benefit payments are shown on Policy Specification Page 3. The amount of the Buy Sell Benefit will be the percentage factor times the lowest of:

- (1) the Maximum Aggregate Benefit; or
- (2) the value of the Insured's entire ownership interest in the Business Entity as of the date Total Disability began determined by using the valuation method chosen in the application; or
- (3) the actual Purchase Price paid for the Insured's ownership interest in the Business Entity.

The percentage factor is:

- (1) 100% if Total Disability begins before Age 61;
- (2) 80% if Total Disability begins on or after Age 61, but prior to Age 62;
- (3) 60% if Total Disability begins on or after Age 62, but prior to Age 63;
- (4) 40% if Total Disability begins on or after Age 63, but prior to Age 64;
- (5) 20% if Total Disability begins on or after Age 64.

### Elimination Period

The period of time the Insured must be Totally Disabled before the Buy Sell Benefit is paid. The Elimination Period is shown on Policy Specifications Page 3. If a period of Total Disability from the same or related cause is broken by 365 days or less, all the days of Total Disability count toward the Elimination Period.

**Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

**Insured**

The person so named on Policy Specifications Page 3. The Insured may not be the Owner or the Loss Payee of this policy.

**Insured's Regular Occupation**

The occupation (or occupations if more than one) in which the Insured is regularly engaged at the time Total Disability began.

**Loss Payee**

The person so named on Policy Specifications Page 3. All Buy Sell Benefits due under this policy will be paid to the Loss Payee.

**Lump Sum Benefit**

The Buy Sell Benefit amount that will be paid in one installment.

**Material and Substantial Duties**

The duties which:

- (1) the Insured is normally required to perform in the Insured's Regular Occupation for the Business Entity; and
- (2) cannot be reasonably omitted or changed.

**Maximum Aggregate Benefit**

The sum of all Monthly Installment Benefit payments, if any, payable for the Maximum Benefit Period shown on Policy Specifications Page 3 and the Lump Sum Benefit, if any, shown on Policy Specifications Page 3.

**Maximum Benefit Period**

The longest period of time that the Buy Sell Benefit will be paid for Total Disability of the Insured from the same or related cause, if a Monthly Installment method is used.

**Monthly Installment Benefit**

The monthly Buy Sell Benefit amount that will be made for the Maximum Benefit Period.

**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

**Owner**

The person so named on Policy Specifications Page 3 with all policy rights.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us" or "we" means Ohio National Life Assurance Corporation. "You," "your" or "yours" means the Owner.

**Purchase Price**

The amount you are obligated to pay the Insured according to the terms of the Buy Sell Agreement if the Insured becomes Totally Disabled.

**Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

**Total Disability or Totally Disabled**

The Insured has a Total Disability or is Totally Disabled if due to a Sickness or Injury, in and of itself, all of the following apply. The Insured: (1) is not able to do the Material and Substantial Duties of the Insured's Regular Occupation due to Injury or Sickness; and (2) is not doing any work for the Business Entity.

## **Benefits**

**Eligibility for Buy Sell Benefit**

We will pay the Buy Sell Benefit to the Loss Payee if all of the following occur:

- (1) the Insured suffers a Total Disability which begins during his or her Active Full-Time Work with the Business Entity;
- (2) Total Disability lasts for the entire Elimination Period;
- (3) the Buy Sell Agreement is in effect at the time Total Disability began; and

- (4) we receive satisfactory proof that the Buy Sell has taken place and either the Purchase Price has been paid or scheduled payments are due. Proof must include:
- (a) a copy of the Buy Sell Agreement in effect when the Insured's Total Disability began;
  - (b) the date of transfer of the ownership interest;
  - (c) the Purchase Price plus documentation of either the payment or the scheduled payments with due dates;
  - (d) the valuation of the Business Entity pursuant to the valuation method chosen in the application; and
  - (e) the names of all buyers of the Insured's ownership interest.

Once Monthly Installment Buy Sell Benefits become payable, we will continue to pay Buy Sell Benefits during the lifetime of the Insured until the end of the Maximum Benefit Period whether or not the Insured remains Totally Disabled.

In order to determine the Buy Sell Benefit, we reserve the right to request and examine the financial records of the Business Entity and the Principals who are parties to the Buy Sell Agreement. These records include but are not limited to, Federal Income Tax returns, Income Statements, Balance Sheets and Audit Reports. We also reserve the right to require an independent valuation of the Business Entity.

If the Buy Sell Benefit we actually pay is less than the Maximum Aggregate Benefit shown on Policy Specifications Page 3, we will refund part of the last 12 months' premium paid. This refund will be the difference between: (1) the last 12 months' premium paid; and (2) the premium for the same 12 month period for the amount of Buy Sell Benefit actually paid.

Payment of the Buy Sell Benefit will be in a Lump Sum, or in Monthly Installments, or as a combination of both as specified on Policy Specifications Page 3.

### **Coordination of Benefits**

If you have any valid disability buy sell insurance coverage with another insurer in effect at the time Buy Sell Benefits become payable, the Buy Sell Benefit payable under this policy will be reduced to the proportion this policy's benefit bears to the total amount of disability buy sell insurance coverage. The total benefits paid by this policy and any other disability buy sell coverage in effect at the time Buy Sell Benefits become payable will not exceed the Purchase Price.

### **Regular Care of a Physician**

In order for the Loss Payee to be eligible for Buy Sell Benefits or for us to waive premium under this policy, the Insured must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Total Disability. The Physician must be qualified by training or experience to treat the condition causing Total Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve the Insured's condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### **Installment Payment Option**

If you so elect, the Lump Sum benefit may be paid in installments. The election must be in writing. The period over which the benefit is paid must be agreed to by us.

### **Legal/Accounting Fee Benefit**

We will pay up to \$3,000 for Legal and/or Accounting fees incurred in implementing the Buy Sell Agreement as a result of Total Disability. This benefit is not included in the Maximum Aggregate Benefit limit. It is payable on the later of: (1) the day the Elimination Period has been satisfied; or (2) the date the Legal or Accounting fees are incurred. We will require written proof of any amounts paid for such fees.

## **Additional Provisions**

### **Transfer of Coverage**

After this policy has been in force for two years, coverage on the same Insured can be transferred to a new Owner if all the following conditions are met:

- (1) the new Owner is not the Insured;
- (2) the Insured is under Age 60;
- (3) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy;
- (4) the Insured ends Active Full-Time Work with the original Business Entity;
- (5) the Insured has begun Active Full-Time Work with another Business Entity in which he or she owns at least 10% but not more than 90% of the new Business Entity;
- (6) a Buy Sell Agreement using the valuation method chosen in the application is in effect on the new Business Entity at the time of the Transfer of Coverage;
- (7) the New Owner must meet our underwriting requirements, which apply to Buy Sell coverage; and
- (8) the transfer must occur within 90 days of termination of Active Full-Time Work with the original Business Entity.

The new policy benefit will be based on the Insured's share of the value of the new Business Entity, but not to exceed the Maximum Aggregate Benefit of the original policy. Evidence of the Insured's good health will not be required.

### **Conversion Privilege**

After this policy has been in force for two years, it may be exchanged for a Disability Income Policy provided that all of the following conditions are met:

- (1) this policy is terminated; either
  - (a) because the Insured owns more than 90% of the Business Entity; or
  - (b) because the Insured stops Active Full-Time Work in the Business Entity;
- (2) the Insured is under age 55;
- (3) the Insured has active full-time work on the date of conversion; and
- (4) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy.

The new policy will:

- (1) be owned by the Insured;
- (2) have a maximum monthly benefit of \$1,000, but the total amount of disability income coverage, when added to all other such coverage with any company, cannot exceed our published issue and participation limits in effect on the date of the conversion;

- (3) have a maximum benefit period of two years and an elimination period of not less than 90 days; and
- (4) have the same risk class and exclusions as in this policy. The premiums will be based on the Insured's attained age and the rates in effect for the policy series in effect on the date of conversion.

Evidence of the Insured's good health will not be required.

### **Waiver of Premium**

If the Insured is Totally Disabled for at least 90 days, we will waive payment of premiums which come due while the Insured is Totally Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Total Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until the Insured's Total Disability ends.

### **Exclusions**

Buy Sell Benefits will not be paid for a Total Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while the Insured is legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to the Insured's committing, or attempting to commit, a felony; or
- (5) in the event that the Insured's Material and Substantial Duties normally require that he or she be licensed with a federal, state, or industry regulatory body, during any period his or her license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from the Insured being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

### **Limitations**

#### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay Buy Sell Benefits for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

### **Claims**

#### **Notice of Claim**

We must receive written notice of a claim within 30 days after the Insured has experienced an Injury or Sickness, or as soon as you reasonably can. Notice must be received at our Home Office.



## Claim Forms

Within 15 days after we get a **Notice of Claim** notification, we will send claim forms. If we do not, you can send us your own written proof of the Insured's Total Disability. You must show the kind and extent of the Insured's Injury or Sickness and the Total Disability that has occurred.

## Proof of Loss

Written Proof of Loss satisfactory to us must be received by us at our Home Office within 90 days after the date your Total Disability began. If it was not reasonably possible to provide us with Proof of Loss within such time, then your claim will not be affected provided you provide Proof of Loss as soon as reasonably possible. However, unless you were declared legally incapacitated by a court of law, we will not pay any Buy Sell Benefits if Proof of Loss is not received within one year after the date your Total Disability began.

We will require proof of loss. Such proof can include but is not limited to copies of your and the Insured's state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports, details regarding the Insured's Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records for any Business Entity where the Insured owns a portion of the business.

## Authorizations, Examinations and Interviews

As part of furnishing **Proof of Loss** or continuing loss, you and the Insured must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business or the Insured's business where you or the Insured own any portion of a business in which the Insured provides personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you or the Insured refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Buy Sell Benefits are paid to the Loss Payee.

## Time of Payment

Subject to **Proof of Loss**, Buy Sell Benefits will be paid at the end of the month of Total Disability for which they are due.

## Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written **Proof of Loss**; or (2) more than three years after **Proof of Loss** is required but not given.

## Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which the Insured is Totally Disabled, we can use only fraudulent misstatements on his or her application (or his or her reinstatement application) to void this policy or to deny a claim for Total Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Total Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on the Insured's application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on the Insured's application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

### Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get written notice of death within one year in order to qualify for any refund of premiums under this policy.

## **Misstatement of Age or Gender**

If the Insured's Age or gender is misstated, Buy Sell Benefits or premiums will be changed.

- (1) If the premium paid was less than should have been paid, Buy Sell Benefits will be reduced to what premiums would have bought at the right Age and gender.
- (2) If the premium paid was more premium than should have been paid, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.
- (4) If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

## **Reinstatement**

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Benefits will not be paid for any Total Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## **Ownership Rights**

### **Ownership**

All policy rights belong to you. If we agree, you may name a new Owner or contingent Owner. We must receive Notice of any change. We are not bound by a change unless: (1) we agree; or (2) all conditions of the **Transfer of Coverage** provision have been met. A contingent Owner becomes the Owner upon your death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Assignment**

This policy may not be assigned.

**Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

**Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which the policy is issued.

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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Disability Buy Sell Policy**

*Nonparticipating*

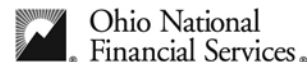
*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*




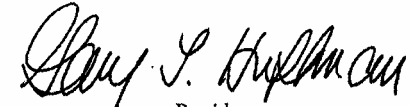
# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on page 12. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

  
Secretary

  
President

**20 Day Right to Examine the Policy:** You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Noncancellable and Guaranteed Renewable to Age 65:** We cannot cancel this policy as long as you pay premiums. You can renew it each year before Age 65. We cannot raise the rates or add restrictions during that time.

**Conditionally Renewable to Age 75, Subject to Premium Changes:** You may renew this policy one year at a time, without any of the attached riders, from Age 65 up to and at Age 75 so long as: (1) the policy was in force for the prior Policy Year; (2) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (3) you are regularly employed at least 30 hours a week in your Business; (4) your completed application for renewal has been approved by us; and (5) you pay the premiums that will be based on our rates then in use for such ages.

## **Business Overhead Expense Disability Policy**

*Nonparticipating*

*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

*Benefit and Premium Amounts on Page 3*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

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## Policy Specifications

### Benefit Specifications

Benefit Amounts Per Mo.	Description of Benefits
\$ [10,000] <b>A</b>	Maximum First Month Total Disability Benefit Elimination Period - [90 Days] <b>B</b>
	Waiver of Premium After [90 Days] of <b>B</b> Disability--See Benefit Description

### Premium Specifications

Annual Premium	Years Payable	Form Number
\$ [803.00] <b>C</b>	[30] <b>D</b>	13DE-1

### Additional Benefit Agreements

\$ [5,000] <b>E</b>	Additional Monthly Benefit	\$ [209.50] <b>F</b>	[30] <b>G</b>	13DSM-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount	\$ [28.50] <b>I</b>	[25] <b>J</b>	13DGI-1
		\$[5,000] <b>H</b>		

**NOTES:** Maximum Total Benefit for the first six months: \$ [90,000] **K**  
Maximum Total Benefit: \$ [150,000] **L**

**Policy Number**  
[H6000000]

**Policy Date**  
[09/15/2012]

**Issue Date**  
[09/15/2012]

**Insured**  
[John Doe]

**Issue Age & Sex**  
[35 Male]

**Owner**  
[The Insured]

**Total Premium**  
**Annual**  
\$[1,041.00]  
**M**

**Semiannual**  
\$[533.51]  
**N**

**Quarterly**  
\$[273.26]  
**O**

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## Definitions

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business

The Partnership, Corporation or Sole Proprietorship the Insured was working in at the time Disability began and in which the Insured has an ownership interest.

### Covered Business Expenses

These are normal and customary business expenses regularly incurred by you in your Business. A Covered Business Expense must be deductible for federal income tax purposes. Covered Business Expenses include but are not limited to:

- (1) Rent;
- (2) Gas, Electricity, Telephone, and Water;
- (3) Mortgage Interest;
- (4) Mortgage Principal;
- (5) Equipment Loan Interest;
- (6) Equipment Loan Principal;
- (7) Other Loan Principal related solely to the Business or the ability of the Business to function;
- (8) Other Interest Payments related solely to the Business or the ability of the business to function;
- (9) Property Taxes;
- (10) Equipment Rental;
- (11) Employees' Wages and Benefits;
- (12) Insurance (Malpractice, E&O, Fire, Casualty, and Liability);
- (13) Business Laundry;
- (14) Routine Equipment Maintenance;
- (15) Subscriptions - Professional Journals;
- (16) Membership Dues - Association;
- (17) Accountants' Fees;
- (18) Legal Fees;
- (19) Replacement Salary Expense.

Salaries of members of your family are covered, provided that the family member (who is related to you by either blood or marriage) was a paid employee of the Business during the last 180 days prior to the time your Disability began.

No salary increase made while you are Disabled will be a Covered Business Expense.

We may also, in our sole discretion, decide that other fixed business expenses are of the type covered by this policy.

Covered Business Expenses do **not** include:

- (1) Your salary, profits or other payments to you;
- (2) Bonuses;
- (3) Drawing accounts;
- (4) Charitable contributions;
- (5) Personal expenses;
- (6) Repairs or improvements on equipment or buildings;
- (7) Profits, salary or other payments for any of the following:
  - (a) other members of your business; or
  - (b) other persons with whom you share business expenses;
- (8) The cost of any merchandise, equipment, furniture, tools or other products used in your Business;
- (9) Income taxes or any business expense for which you were not regularly liable before your Disability began;
- (10) Any financial obligations, including insurance premiums, which are waived during a Disability;
- (11) Entertainment expenses;
- (12) Depreciation or other intangible expenses;
- (13) The cost of any goods, inventory, or merchandise of any nature purchased for sale;
- (14) Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability;
- (15) Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled;
- (16) Any ongoing expenses after the sale of your business.

If the frequency of payment of a Covered Business Expense is changed after Disability starts, expenses will still be covered based on the frequency that existed before Disability.

Only your share of a Covered Business Expense is insured by this policy. If you have partners or share an office with others, only Covered Business Expenses attributed to you are insured. If you are a part owner of a corporation, your share of Covered Business Expenses shall not be more than the Covered Business Expenses you were responsible for as of the day before your Disability began.

## **Disability or Disabled**

Total Disability or Totally Disabled or Residual Disability or Residually Disabled, as defined in this policy.

## **Elimination Period**

The period of time you must be Disabled before benefit payments begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is 90 days. If a period of Disability from the same or a related cause is broken by 365 days or less, all the days of Disability count toward the Elimination Period.

## **Gross Monthly Income**

Any money you receive in your Business.

For any period when you have a covered loss, Gross Monthly Income:

- (1) includes only Gross Monthly Income you receive for work done after the start of your Disability; and
- (2) does not include Gross Monthly Income received during your Disability for work done prior to the start of your Disability; and
- (3) includes contributions to a pension, profit sharing, 401K or other qualified plan.

## **Gross Monthly Income Before Disability**

The greater of:

- (1) your average Gross Monthly Income per month for the 12 months immediately before your Disability begins; or
- (2) your average Gross Monthly Income per month for the 24 months immediately before your Disability begins.

## **Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

## **Loss of Gross Monthly Income**

This is Gross Monthly Income Before Disability minus current Gross Monthly Income. We have the right to require reasonable proof of your Gross Monthly Income both before and during any period of Disability. This proof may include federal and state income tax returns, income statements and other financial data.

## **Material and Substantial Duties**

The duties which:

- (1) you are normally required to perform for Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

## **Maximum First Month Total Disability Benefit**

The largest benefit amount we will pay in the first month following the Elimination Period. This amount is shown on Policy Specifications Page 3.

**Maximum Monthly Benefit**

The largest benefit amount we will pay in a month. This amount is computed by multiplying:

- (1) the number of months for which benefits have been paid, plus one, times
- (2) the Maximum First Month Total Disability Benefit amount, minus
- (3) total benefits already paid.

**Maximum Total Benefit**

The largest total benefit amount we will pay for one Disability. This amount is shown on Policy Specifications Page 3.

**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

**Owner**

The person or entity named on Policy Specifications Page 3 or in a later Notice to us that is approved by us.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us," or "we" means Ohio National Life Assurance Corporation. "You," "your," or "yours" means the Insured. If the Insured is not the Owner, "you," "your," or "yours" means the Owner when referring to policy rights, payments and notices. The Insured and the Owner on the Policy Date are named on Policy Specifications Page 3.

**Replacement**

Any person hired, after your Total Disability begins, from outside your Business to perform any of the Material and Substantial Duties of Your Regular Occupation. A Replacement cannot be:

- (1) your spouse or domestic partner; or
- (2) a member of your family or your spouse's family; or



- (3) a business or professional partner; or
- (4) any person with whom you share a financial or business interest.

### **Replacement Salary Expense**

Your Replacement's compensation minus the Gross Monthly Income generated by the Replacement. The Replacement's compensation must be reasonable in relation to the duties performed.

### **Residual Disability or Residually Disabled**

You are Residually Disabled or have a Residual Disability if due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a Loss of Gross Monthly Income that is at least 20% of your Gross Monthly Income Before Disability; and
- (4) your Loss of Gross Monthly Income is solely the result, directly and apart from any other cause, of an Injury or Sickness; and
- (5) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formally spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

### **Residual Monthly Benefit**

The monthly benefit amount to be paid for each month you are Residually Disabled after the Elimination Period.

### **Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

### **Total Disability or Totally Disabled**

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties of Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

### **Your Regular Occupation**

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began.

## Benefits

### Total Disability

While this policy is in force, we will pay you benefits equal to your Covered Business Expense each month: (1) while you are Totally Disabled; (2) after the Elimination Period; and (3) up to the Maximum Monthly Benefit. We will not pay benefits in excess of the Maximum Total Benefit. We will not pay benefits beyond Age 65 unless you are Totally Disabled after Age 64. If you become Totally Disabled after Age 64, we will not pay benefits for more than 12 months.

If you are Totally Disabled for less than a month, for each day of Total Disability we will pay you 1/30 of the lesser of: (1) the Maximum Monthly Benefit; or (2) the Covered Business Expense incurred for that month.

### Residual Disability

We will pay you Residual Monthly Benefits while you are Residually Disabled. The Residual Monthly Benefit amount for a covered loss is the lesser of: (a) your Maximum First Month Total Disability Benefit amount times the ratio of your Loss of Gross Monthly Income during Disability to your Gross Monthly Income Before Disability, or (b) your Covered Business Expenses less your Gross Monthly Income.

Residual Monthly Benefits will not be paid:

- (1) until the Elimination Period has been satisfied;
- (2) at or after Age 65; or
- (3) for more than the Maximum Total Benefit as shown on Policy Specifications Page 3.

### Coordination of Benefits

We will not pay benefits for any Covered Business Expense that is covered by an insurance policy with another company if that policy was in effect prior to the Policy Date shown on Policy Specifications Page 3.

### Non-monthly Expenses

If a Covered Business Expense comes due while you are Disabled and which relates to a period of more than one month, this Covered Business Expense will be fully paid that month. But, we will not pay more than the Maximum Monthly Benefit.

### Regular Care of a Physician

In order to be eligible for benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### Waiver of Premium

If you are Disabled for at least the Elimination Period shown on Policy Specifications Page 3, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.

After your Disability ends, this policy stays in force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

## **Military Duty**

By written request to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. The policy will not cover any loss due to an Injury or Sickness that first manifests itself while this policy is suspended.

## **Recurrent Disabilities**

If Disability stops and then starts again within 365 days from the same or a related cause, the two periods of Disability will count as one. In such case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Total Benefit will continue to apply to your Disability.

A recurrence of Disability from the same or related cause after 365 days counts as a new Disability. So does a Disability which occurs within 365 days from some other cause. A new Elimination Period and a new Maximum Total Benefit will apply when you have a new Disability. The **Waiver of Premium** provision will also apply anew.

## **Concurrent Disabilities**

We pay for only one Disability at a time. The amount of monthly benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

## **Conversion Privilege**

At any time prior to Age 60, you may exchange this policy for a Disability Income policy that we are offering at that time if: (1) this policy is in force at that time; (2) we receive your written request; (3) you have active full-time work as of the date of conversion; and (4) you are not Disabled when you make your request.

The maximum monthly benefit for such a Disability Income policy will be the Maximum First Month Total Disability Income for this policy. However, the amount of monthly benefit in the new policy, when added to all other such coverage with any company, cannot be more than our published issue and participation limits in effect for the new policy on the date of conversion.

The maximum benefit period for the new policy cannot be more than two years. The elimination period for the new policy cannot be less than 90 days.

The new policy will take effect when we get your written request at our home office. The **Time Limit on Certain Defenses** provision in the new policy will run from the Policy Date of this policy. The new policy will just cover losses that start while it is in force. Conditions excluded in this policy will be excluded in the new policy. No other exclusions will be added.

The premium for the new policy will be based on the Insured's risk class under this policy and the Insured's attained age as of the date of conversion.

## **Presumed Disability**

Disability is presumed if while this policy is in force, Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears or speech. When Disability is presumed, the Elimination Period will be waived. If you still work, when Disability is presumed, your Disability will be treated as a Residual Disability.

## **Cosmetic or Transplant Surgery**

We will pay benefits while this policy is in force, if you are Totally Disabled due to Cosmetic or Transplant Surgery. Cosmetic Surgery means surgery performed to restore your appearance: (a) due to an Injury; or (b) due to, or as part of, other surgery which results from an infection, disease or malfunction of a part of the body. Transplant Surgery means the removal of an organ from your body to be implanted in someone else's body. The transplant must occur more than six months after the Issue Date of this policy, and if so, the Elimination Period will be waived.

## **Exclusions**

No benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

## **Limitations**

### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay benefits for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

## **Coverage Territory**

We will not pay benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

## **Claims**

### **Notice of Claim**

You must give us notification of a claim within 30 days after an Injury or Sickness, or as soon as you reasonably can. Notification must be received at our Home Office.

### **Claim Forms**

Within 15 days after we get your notification, we will send you claim forms. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the Total Disability that has occurred.

### **Proof of Loss**

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying monthly benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any monthly benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require proof of loss. Such proof can include but is not limited to copies of your Covered Business Expenses, state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records of your business where you own a portion of a business.

### **Authorizations, Examinations and Interviews**

As part of furnishing Proof of Loss or continuing loss, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Benefits will be paid to the Owner. If the Owner dies, benefits will be paid to the contingent Owner. If no contingent Owner is named, benefits will be paid to the estate of the Owner.

### Time of Payment

Subject to **Proof of Loss**, benefits will be paid at the end of each month of Disability for which they are due. Any benefits due but not yet paid when your Disability ends will be paid as soon as we receive **Proof of Loss**.

### Facility of Payment

To avoid undue expense or delay, we may pay one of your relatives a reasonable amount of benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

### Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written Proof of Loss; or (2) more than three years after **Proof of Loss** is required but not given.

### Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which you are Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on your application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium, except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

## Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

## Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get Notice of death within one year in order to qualify for any refund of premiums under this policy.

## Misstatement of Age or Gender

If your Age or gender is misstated, benefits or premiums will be changed.

- (1) If you paid less premium than you should have, the Maximum First Month Total Disability Benefit amount is reduced to what your paid premiums would have bought at the right Age and gender.
- (2) If you paid more premium than you should have, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

## Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Monthly benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## **Ownership Rights**

### **Ownership**

All policy rights belong to the Owner. The Owner may name a new Owner or contingent Owner by Notice to us. A contingent Owner becomes the Owner upon the Owner's death. If no contingent Owner is named, the estate of the Owner becomes the new Owner upon the Owner's death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### **Assignment**

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

### **Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

### **Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.



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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Business Overhead Expense Disability Policy**

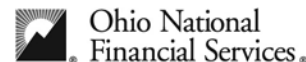
*Nonparticipating*

*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

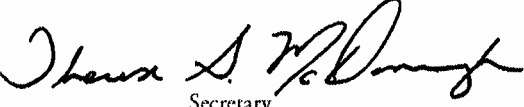
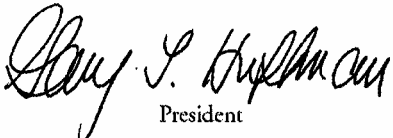
*Benefit and Premium Amounts on Page 3*

# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on pages 10 and 11. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[  Secretary  President ]

**20 Day Right To Examine The Policy:** You have the right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Renewal Conditions.** This policy may be continued until the earliest of:

- (1) the Insured's Age 65; or
- (2) the date the Insured terminates Active Full-Time Work with the Business Entity for any reason other than Total Disability; or
- (3) the date the Buy Sell Benefit is paid; or
- (4) the date one person owns more than 90% of the Business Entity; or
- (5) the death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months' premium paid for a period beyond the end date that occurs due to numbers (2), (4) or (5) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

Benefits are reduced if the Insured is Age 61 or older. As shown on Policy Specifications Page 3, benefits of this policy will be reduced depending on the Age at which the Insured becomes Totally Disabled.

## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

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## Policy Specifications

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## Definitions

### Active Full-Time Work

The Insured is at work on behalf of the Business Entity for at least 30 hours per week at the usual place of business.

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business Entity

The Partnership or Corporation named in the application which employs the Insured and in which the Insured has an ownership interest.

### Buy Sell

The purchase and transfer of the Insured's entire ownership interest in the Business Entity under the terms of the Buy Sell Agreement as a result of the Insured's Total Disability.

### Buy Sell Agreement

A written agreement between the Insured and the Business Entity or you, providing for the Purchase Price, valuation method chosen in the application, and transfer of the Insured's entire ownership interest in the Business Entity in the event of the Insured's Total Disability. The Buy Sell Agreement must be in effect at the time Total Disability began. We are not a party to this agreement.

### Buy Sell Benefit

The benefit amount to be paid under this policy. The maximum amount and frequency of the benefit payments are shown on Policy Specification Page 3. The amount of the Buy Sell Benefit will be the percentage factor times the lowest of:

- (1) the Maximum Aggregate Benefit; or
- (2) the value of the Insured's entire ownership interest in the Business Entity as of the date Total Disability began determined by using the valuation method chosen in the application; or
- (3) the actual Purchase Price paid for the Insured's ownership interest in the Business Entity.

The percentage factor is:

- (1) 100% if Total Disability begins before Age 61;
- (2) 80% if Total Disability begins on or after Age 61, but prior to Age 62;
- (3) 60% if Total Disability begins on or after Age 62, but prior to Age 63;
- (4) 40% if Total Disability begins on or after Age 63, but prior to Age 64;
- (5) 20% if Total Disability begins on or after Age 64.

### Elimination Period

The period of time the Insured must be Totally Disabled before the Buy Sell Benefit is paid. The Elimination Period is shown on Policy Specifications Page 3. If a period of Total Disability from the same or related cause is broken by 365 days or less, all the days of Total Disability count toward the Elimination Period.

**Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

**Insured**

The person so named on Policy Specifications Page 3. The Insured may not be the Owner or the Loss Payee of this policy.

**Insured's Regular Occupation**

The occupation (or occupations if more than one) in which the Insured is regularly engaged at the time Total Disability began.

**Loss Payee**

The person so named on Policy Specifications Page 3. All Buy Sell Benefits due under this policy will be paid to the Loss Payee.

**Lump Sum Benefit**

The Buy Sell Benefit amount that will be paid in one installment.

**Material and Substantial Duties**

The duties which:

- (1) the Insured is normally required to perform in the Insured's Regular Occupation for the Business Entity; and
- (2) cannot be reasonably omitted or changed.

**Maximum Aggregate Benefit**

The sum of all Monthly Installment Benefit payments, if any, payable for the Maximum Benefit Period shown on Policy Specifications Page 3 and the Lump Sum Benefit, if any, shown on Policy Specifications Page 3.

**Maximum Benefit Period**

The longest period of time that the Buy Sell Benefit will be paid for Total Disability of the Insured from the same or related cause, if a Monthly Installment method is used.

**Monthly Installment Benefit**

The monthly Buy Sell Benefit amount that will be made for the Maximum Benefit Period.

**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.



**Owner**

The person so named on Policy Specifications Page 3 with all policy rights.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us" or "we" means Ohio National Life Assurance Corporation. "You," "your" or "yours" means the Owner.

**Purchase Price**

The amount you are obligated to pay the Insured according to the terms of the Buy Sell Agreement if the Insured becomes Totally Disabled.

**Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

**Total Disability or Totally Disabled**

The Insured has a Total Disability or is Totally Disabled if due to a Sickness or Injury, in and of itself, all of the following apply. The Insured: (1) is not able to do the Material and Substantial Duties of the Insured's Regular Occupation due to Injury or Sickness; and (2) is not doing any work for the Business Entity.

## **Benefits**

**Eligibility for Buy Sell Benefit**

We will pay the Buy Sell Benefit to the Loss Payee if all of the following occur:

- (1) the Insured suffers a Total Disability which begins during his or her Active Full-Time Work with the Business Entity;
- (2) Total Disability lasts for the entire Elimination Period;
- (3) the Buy Sell Agreement is in effect at the time Total Disability began; and

- (4) we receive satisfactory proof that the Buy Sell has taken place and either the Purchase Price has been paid or scheduled payments are due. Proof must include:
- (a) a copy of the Buy Sell Agreement in effect when the Insured's Total Disability began;
  - (b) the date of transfer of the ownership interest;
  - (c) the Purchase Price plus documentation of either the payment or the scheduled payments with due dates;
  - (d) the valuation of the Business Entity pursuant to the valuation method chosen in the application; and
  - (e) the names of all buyers of the Insured's ownership interest.

Once Monthly Installment Buy Sell Benefits become payable, we will continue to pay Buy Sell Benefits during the lifetime of the Insured until the end of the Maximum Benefit Period whether or not the Insured remains Totally Disabled.

In order to determine the Buy Sell Benefit, we reserve the right to request and examine the financial records of the Business Entity and the Principals who are parties to the Buy Sell Agreement. These records include but are not limited to, Federal Income Tax returns, Income Statements, Balance Sheets and Audit Reports. We also reserve the right to require an independent valuation of the Business Entity.

If the Buy Sell Benefit we actually pay is less than the Maximum Aggregate Benefit shown on Policy Specifications Page 3, we will refund part of the last 12 months' premium paid. This refund will be the difference between: (1) the last 12 months' premium paid; and (2) the premium for the same 12 month period for the amount of Buy Sell Benefit actually paid.

Payment of the Buy Sell Benefit will be in a Lump Sum, or in Monthly Installments, or as a combination of both as specified on Policy Specifications Page 3.

### **Coordination of Benefits**

If you have any valid disability buy sell insurance coverage with another insurer in effect at the time Buy Sell Benefits become payable, the Buy Sell Benefit payable under this policy will be reduced to the proportion this policy's benefit bears to the total amount of disability buy sell insurance coverage. The total benefits paid by this policy and any other disability buy sell coverage in effect at the time Buy Sell Benefits become payable will not exceed the Purchase Price.

### **Regular Care of a Physician**

In order for the Loss Payee to be eligible for Buy Sell Benefits or for us to waive premium under this policy, the Insured must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Total Disability. The Physician must be qualified by training or experience to treat the condition causing Total Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve the Insured's condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### **Installment Payment Option**

If you so elect, the Lump Sum benefit may be paid in installments. The election must be in writing. The period over which the benefit is paid must be agreed to by us.

## **Legal/Accounting Fee Benefit**

We will pay up to \$3,000 for Legal and/or Accounting fees incurred in implementing the Buy Sell Agreement as a result of Total Disability. This benefit is not included in the Maximum Aggregate Benefit limit. It is payable on the later of: (1) the day the Elimination Period has been satisfied; or (2) the date the Legal or Accounting fees are incurred. We will require written proof of any amounts paid for such fees.

## **Additional Provisions**

### **Transfer of Coverage**

After this policy has been in force for two years, coverage on the same Insured can be transferred to a new Owner if all the following conditions are met:

- (1) the new Owner is not the Insured;
- (2) the Insured is under Age 60;
- (3) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy;
- (4) the Insured ends Active Full-Time Work with the original Business Entity;
- (5) the Insured has begun Active Full-Time Work with another Business Entity in which he or she owns at least 10% but not more than 90% of the new Business Entity;
- (6) a Buy Sell Agreement using the valuation method chosen in the application is in effect on the new Business Entity at the time of the Transfer of Coverage;
- (7) the New Owner must meet our underwriting requirements, which apply to Buy Sell coverage; and
- (8) the transfer must occur within 90 days of termination of Active Full-Time Work with the original Business Entity.

The new policy benefit will be based on the Insured's share of the value of the new Business Entity, but not to exceed the Maximum Aggregate Benefit of the original policy. Evidence of the Insured's good health will not be required.

### **Conversion Privilege**

After this policy has been in force for two years, it may be exchanged for a Disability Income Policy provided that all of the following conditions are met:

- (1) this policy is terminated; either
  - (a) because the Insured owns more than 90% of the Business Entity; or
  - (b) because the Insured stops Active Full-Time Work in the Business Entity;
- (2) the Insured is under age 55;
- (3) the Insured has active full-time work on the date of conversion; and
- (4) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy.

The new policy will:

- (1) be owned by the Insured;
- (2) have a maximum monthly benefit of \$1,000, but the total amount of disability income coverage, when added to all other such coverage with any company, cannot exceed our published issue and participation limits in effect on the date of the conversion;

- (3) have a maximum benefit period of two years and an elimination period of not less than 90 days; and
- (4) have the same risk class and exclusions as in this policy. The premiums will be based on the Insured's attained age and the rates in effect for the policy series in effect on the date of conversion.

Evidence of the Insured's good health will not be required.

### **Waiver of Premium**

If the Insured is Totally Disabled for at least 90 days, we will waive payment of premiums which come due while the Insured is Totally Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Total Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until the Insured's Total Disability ends.

### **Exclusions**

Buy Sell Benefits will not be paid for a Total Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while the Insured is legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to the Insured's committing, or attempting to commit, a felony; or
- (5) in the event that the Insured's Material and Substantial Duties normally require that he or she be licensed with a federal, state, or industry regulatory body, during any period his or her license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from the Insured being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

### **Limitations**

#### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay Buy Sell Benefits for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

### **Claims**

#### **Notice of Claim**

We must receive written notice of a claim within 30 days after the Insured has experienced an Injury or Sickness, or as soon as you reasonably can. Notice must be received at our Home Office.

## Claim Forms

Within 15 days after we get a **Notice of Claim** notification, we will send claim forms. If we do not, you can send us your own written proof of the Insured's Total Disability. You must show the kind and extent of the Insured's Injury or Sickness and the Total Disability that has occurred.

## Proof of Loss

Written Proof of Loss satisfactory to us must be received by us at our Home Office within 90 days after the date your Total Disability began. If it was not reasonably possible to provide us with Proof of Loss within such time, then your claim will not be affected provided you provide Proof of Loss as soon as reasonably possible. However, unless you were declared legally incapacitated by a court of law, we will not pay any Buy Sell Benefits if Proof of Loss is not received within one year after the date your Total Disability began.

We will require proof of loss. Such proof can include but is not limited to copies of your and the Insured's state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports, details regarding the Insured's Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records for any Business Entity where the Insured owns a portion of the business.

## Authorizations, Examinations and Interviews

As part of furnishing **Proof of Loss** or continuing loss, you and the Insured must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business or the Insured's business where you or the Insured own any portion of a business in which the Insured provides personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you or the Insured refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Buy Sell Benefits are paid to the Loss Payee.

## Time of Payment

Subject to **Proof of Loss**, Buy Sell Benefits will be paid at the end of the month of Total Disability for which they are due.

## Legal Actions

You may not sue us on this policy: (1) before 60 days have passed after we get written **Proof of Loss**; or (2) more than three years after **Proof of Loss** is required but not given.

## Time Limit on Certain Defenses

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which the Insured is Totally Disabled, we can use only fraudulent misstatements on his or her application (or his or her reinstatement application) to void this policy or to deny a claim for Total Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Total Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on the Insured's application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on the Insured's application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

### Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get written notice of death within one year in order to qualify for any refund of premiums under this policy.

## **Misstatement of Age or Gender**

If the Insured's Age or gender is misstated, Buy Sell Benefits or premiums will be changed.

- (1) If the premium paid was less than should have been paid, Buy Sell Benefits will be reduced to what premiums would have bought at the right Age and gender.
- (2) If the premium paid was more premium than should have been paid, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.
- (4) If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

## **Reinstatement**

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Benefits will not be paid for any Total Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## **Ownership Rights**

### **Ownership**

All policy rights belong to you. If we agree, you may name a new Owner or contingent Owner. We must receive Notice of any change. We are not bound by a change unless: (1) we agree; or (2) all conditions of the **Transfer of Coverage** provision have been met. A contingent Owner becomes the Owner upon your death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**Assignment**

This policy may not be assigned.

**Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

**Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which the policy is issued.



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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

## **Rider**

### **Guarantee of Physical Insurability**

This rider is part of your policy. It is subject to the terms of the Basic Policy. The benefit and premium data are shown on Policy Specifications Page 3 of the Basic Policy. Rider premiums must be paid as part of the policy premiums until Age 55.

### **Definitions**

#### **Basic Policy**

This is the policy to which this rider is added.

#### **Increase Amount**

The added amount of Maximum Aggregate Benefit bought by use of this rider.

#### **Increase Date**

The day an Increase Amount takes effect.

#### **Maximum Increase Amount**

This is the sum of all Increase Amounts and is shown on Policy Specifications Page 3 of the Basic Policy.

#### **Option Date**

The Option Date is each second policy anniversary date to Age 60.

### **Benefit**

#### **Basic Policy**

You may buy an Increase Amount on the Option Date if the Insured is not Totally Disabled.

The amount of each Increase Amount you may buy on each Option Date shall be no more than 20% of the original Maximum Aggregate Benefit. The sum of all such Increase Amounts bought by use of this rider may not be more than the Maximum Increase Amount.

If the Insured is Totally Disabled on any option date, the value of his or her ownership interest for purposes of the Increase Amount will be deemed to be the value of such ownership interest when he or she was first Totally Disabled. The Increase Amount will cover only Total Disability that starts after its Increase Date. If the Insured is Totally Disabled on or before the Option Date, he or she must have recovered for at least 365 days before a later Total Disability from the same or related cause will be covered under the Increase Amount.

#### **Conditions**

In order for you to buy an Increase Amount:

- (1) this rider must be in force; and
- (2) premiums must be paid to the Increase Date.

You must send a written request to us for the Increase Amount. The premium for the Increase Amount must be paid by the Increase Date. The premium will be based on the Insured's Age and the rates in effect for the Basic Policy as of the Increase Date.

The Increase Amount, when added to all other Disability Buy Sell insurance then in force on the Insured, shall not exceed our then published issue and participation limits for such insurance.

The risk class and exclusions for the Basic Policy will also apply to the Increase Amount.

### **Time Limit on Certain Defenses**

The Time Limit on Certain Defenses provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated; but, with respect to each Increase Amount, this provision will apply beginning with each respective Increase Date.


### **Termination**

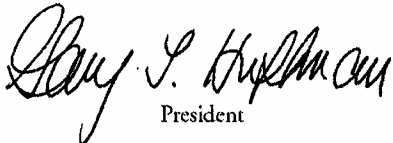
This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your age 60; or
- (4) your written request to end this rider.

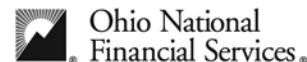
If a rider premium is paid for a period after this rider should end, that premium will be refunded.

### **OHIO NATIONAL LIFE ASSURANCE CORPORATION**

  
Secretary


  
President

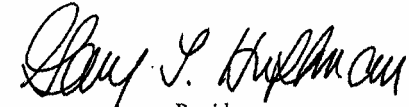
# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on pages 11 and 12. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

  
Secretary

  
President

**20 Day Right to Examine the Policy:** You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Noncancellable and Guaranteed Renewable to Age 65:** We cannot cancel this policy as long as you pay premiums. You can renew it each year before Age 65. We cannot raise the rates or add restrictions during that time.

**Conditionally Renewable to Age 75, Subject to Premium Changes:** You may renew this policy one year at a time, without any of the attached riders, from Age 65 up to and at Age 75 so long as: (1) the policy was in force for the prior Policy Year; (2) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (3) you are regularly employed at least 30 hours a week in your Business; (4) your completed application for renewal has been approved by us; and (5) you pay the premiums that will be based on our rates then in use for such ages.

## **Business Overhead Expense Disability Policy**

*Nonparticipating*

*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

*Benefit and Premium Amounts on Page 3*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

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## Policy Specifications

### Benefit Specifications

Benefit Amounts Per Mo.	Description of Benefits
\$ [10,000] <b>A</b>	Maximum First Month Total Disability Benefit Elimination Period - [90 Days] <b>B</b>
	Waiver of Premium After [90 Days] of <b>B</b> Disability--See Benefit Description

### Premium Specifications

Annual Premium	Years Payable	Form Number
\$ [803.00] <b>C</b>	[30] <b>D</b>	13DE-1

### Additional Benefit Agreements

\$ [5,000] <b>E</b>	Additional Monthly Benefit	\$ [209.50] <b>F</b>	[30] <b>G</b>	13DSM-1
	Guarantee of Physical Insurability Rider Maximum Increase Amount	\$ [28.50] <b>I</b>	[25] <b>J</b>	13DGI-1
		\$[5,000] <b>H</b>		

**NOTES:** Maximum Total Benefit for the first six months: \$ [90,000] **K**  
Maximum Total Benefit: \$ [150,000] **L**

**Policy Number**  
[H6000000]

**Policy Date**  
[09/15/2012]

**Issue Date**  
[09/15/2012]

**Insured**  
[John Doe]

**Issue Age & Sex**  
[35 Male]

**Owner**  
[The Insured]

**Total Premium  
Annual**  
\$[1,041.00]  
**M**

**Semiannual**  
\$[533.51]  
**N**

**Quarterly**  
\$[273.26]  
**O**

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## Definitions

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business

The Partnership, Corporation or Sole Proprietorship the Insured was working in at the time Disability began and in which the Insured has an ownership interest.

### Covered Business Expenses

These are normal and customary business expenses regularly incurred by you in your Business. A Covered Business Expense must be deductible for federal income tax purposes. Covered Business Expenses include but are not limited to:

- (1) Rent;
- (2) Gas, Electricity, Telephone, and Water;
- (3) Mortgage Interest;
- (4) Mortgage Principal;
- (5) Equipment Loan Interest;
- (6) Equipment Loan Principal;
- (7) Other Loan Principal related solely to the Business or the ability of the Business to function;
- (8) Other Interest Payments related solely to the Business or the ability of the business to function;
- (9) Property Taxes;
- (10) Equipment Rental;
- (11) Employees' Wages and Benefits;
- (12) Insurance (Malpractice, E&O, Fire, Casualty, and Liability);
- (13) Business Laundry;
- (14) Routine Equipment Maintenance;
- (15) Subscriptions - Professional Journals;
- (16) Membership Dues - Association;
- (17) Accountants' Fees;
- (18) Legal Fees;
- (19) Replacement Salary Expense.

Salaries of members of your family are covered, provided that the family member (who is related to you by either blood or marriage) was a paid employee of the Business during the last 180 days prior to the time your Disability began.

No salary increase made while you are Disabled will be a Covered Business Expense.

We may also, in our sole discretion, decide that other fixed business expenses are of the type covered by this policy.

Covered Business Expenses do **not** include:

- (1) Your salary, profits or other payments to you;
- (2) Bonuses;
- (3) Drawing accounts;
- (4) Charitable contributions;
- (5) Personal expenses;
- (6) Repairs or improvements on equipment or buildings;
- (7) Profits, salary or other payments for any of the following:
  - (a) other members of your business; or
  - (b) other persons with whom you share business expenses;
- (8) The cost of any merchandise, equipment, furniture, tools or other products used in your Business;
- (9) Income taxes or any business expense for which you were not regularly liable before your Disability began;
- (10) Any financial obligations, including insurance premiums, which are waived during a Disability;
- (11) Entertainment expenses;
- (12) Depreciation or other intangible expenses;
- (13) The cost of any goods, inventory, or merchandise of any nature purchased for sale;
- (14) Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability;
- (15) Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled;
- (16) Any ongoing expenses after the sale of your business.

If the frequency of payment of a Covered Business Expense is changed after Disability starts, expenses will still be covered based on the frequency that existed before Disability.

Only your share of a Covered Business Expense is insured by this policy. If you have partners or share an office with others, only Covered Business Expenses attributed to you are insured. If you are a part owner of a corporation, your share of Covered Business Expenses shall not be more than the Covered Business Expenses you were responsible for as of the day before your Disability began.

## **Disability or Disabled**

Total Disability or Totally Disabled or Residual Disability or Residually Disabled, as defined in this policy.

## **Elimination Period**

The period of time you must be Disabled before benefit payments begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is 90 days. If a period of Disability from the same or a related cause is broken by 365 days or less, all the days of Disability count toward the Elimination Period.

## **Gross Monthly Income**

Any money you receive in your Business.

For any period when you have a covered loss, Gross Monthly Income:

- (1) includes only Gross Monthly Income you receive for work done after the start of your Disability; and
- (2) does not include Gross Monthly Income received during your Disability for work done prior to the start of your Disability; and
- (3) includes contributions to a pension, profit sharing, 401K or other qualified plan.

## **Gross Monthly Income Before Disability**

The greater of:

- (1) your average Gross Monthly Income per month for the 12 months immediately before your Disability begins; or
- (2) your average Gross Monthly Income per month for the 24 months immediately before your Disability begins.

## **Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

## **Loss of Gross Monthly Income**

This is Gross Monthly Income Before Disability minus current Gross Monthly Income. We have the right to require reasonable proof of your Gross Monthly Income both before and during any period of Disability. This proof may include federal and state income tax returns, income statements and other financial data.

## **Material and Substantial Duties**

The duties which:

- (1) you are normally required to perform for Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

## **Maximum First Month Total Disability Benefit**

The largest benefit amount we will pay in the first month following the Elimination Period. This amount is shown on Policy Specifications Page 3.

## **Maximum Monthly Benefit**

The largest benefit amount we will pay in a month. This amount is computed by multiplying:

- (1) the number of months for which benefits have been paid, plus one, times
- (2) the Maximum First Month Total Disability Benefit amount, minus
- (3) total benefits already paid.

## **Maximum Total Benefit**

The largest total benefit amount we will pay for one Disability. This amount is shown on Policy Specifications Page 3.

## **Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

## **Owner**

The person or entity named on Policy Specifications Page 3 or in a later Notice to us that is approved by us.

## **Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

## **Policy Years**

Policy years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

## **Pronouns**

"Our," "us," or "we" means Ohio National Life Assurance Corporation. "You," "your," or "yours" means the Insured. If the Insured is not the Owner, "you," "your," or "yours" means the Owner when referring to policy rights, payments and notices. The Insured and the Owner on the Policy Date are named on Policy Specifications Page 3.

## **Replacement**

Any person hired, after your Total Disability begins, from outside your Business to perform any of the Material and Substantial Duties of Your Regular Occupation. A Replacement cannot be:

- (1) your spouse or domestic partner; or
- (2) a member of your family or your spouse's family; or

- (3) a business or professional partner; or
- (4) any person with whom you share a financial or business interest.

### **Replacement Salary Expense**

Your Replacement's compensation minus the Gross Monthly Income generated by the Replacement. The Replacement's compensation must be reasonable in relation to the duties performed.

### **Residual Disability or Residually Disabled**

You are Residually Disabled or have a Residual Disability if due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a Loss of Gross Monthly Income that is at least 20% of your Gross Monthly Income Before Disability; and
- (4) your Loss of Gross Monthly Income is solely the result, directly and apart from any other cause, of an Injury or Sickness; and
- (5) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formally spent before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

### **Residual Monthly Benefit**

The monthly benefit amount to be paid for each month you are Residually Disabled after the Elimination Period.

### **Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

### **Total Disability or Totally Disabled**

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties of Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

### **Your Regular Occupation**

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began.

## Benefits

### Total Disability

While this policy is in force, we will pay you benefits equal to your Covered Business Expense each month: (1) while you are Totally Disabled; (2) after the Elimination Period; and (3) up to the Maximum Monthly Benefit. We will not pay benefits in excess of the Maximum Total Benefit. We will not pay benefits beyond Age 65 unless you are Totally Disabled after Age 64. If you become Totally Disabled after Age 64, we will not pay benefits for more than 12 months.

If you are Totally Disabled for less than a month, for each day of Total Disability we will pay you 1/30 of the lesser of: (1) the Maximum Monthly Benefit; or (2) the Covered Business Expense incurred for that month.

### Residual Disability

We will pay you Residual Monthly Benefits while you are Residually Disabled. The Residual Monthly Benefit amount for a covered loss is the lesser of: (a) your Maximum First Month Total Disability Benefit amount times the ratio of your Loss of Gross Monthly Income during Disability to your Gross Monthly Income Before Disability, or (b) your Covered Business Expenses less your Gross Monthly Income.

Residual Monthly Benefits will not be paid:

- (1) until the Elimination Period has been satisfied;
- (2) at or after Age 65; or
- (3) for more than the Maximum Total Benefit as shown on Policy Specifications Page 3.

### Coordination of Benefits

We will not pay benefits for any Covered Business Expense that is covered by an insurance policy with another company if that policy was in effect prior to the Policy Date shown on Policy Specifications Page 3.

### Non-monthly Expenses

If a Covered Business Expense comes due while you are Disabled and which relates to a period of more than one month, this Covered Business Expense will be fully paid that month. But, we will not pay more than the Maximum Monthly Benefit.

### Regular Care of a Physician

In order to be eligible for benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### Waiver of Premium

If you are Disabled for at least the Elimination Period shown on Policy Specifications Page 3, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.



After your Disability ends, this policy stays in force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

### **Military Duty**

By written request to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply. The policy will not cover any loss due to an Injury or Sickness that first manifests itself while this policy is suspended.

### **Recurrent Disabilities**

If Disability stops and then starts again within 365 days from the same or a related cause, the two periods of Disability will count as one. In such case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Total Benefit will continue to apply to your Disability.

A recurrence of Disability from the same or related cause after 365 days counts as a new Disability. So does a Disability which occurs within 365 days from some other cause. A new Elimination Period and a new Maximum Total Benefit will apply when you have a new Disability. The **Waiver of Premium** provision will also apply anew.

### **Concurrent Disabilities**

We pay for only one Disability at a time. The amount of monthly benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

## **Exclusions**

No benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury; or
- (8) caused by an attempt to commit suicide while sane or insane; or
- (9) caused by an Injury while you are under the influence of alcohol or drugs.

## **Limitations**

### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay benefits for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

### **Coverage Territory**

We will not pay benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

## **Claims**

### **Notice of Claim**

You must give us notification of a claim within 30 days after an Injury or Sickness, or as soon as you reasonably can. Notification must be received at our Home Office.

### **Claim Forms**

Within 15 days after we get your notification, we will send you claim forms. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the Total Disability that has occurred.

### **Proof of Loss**

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying monthly benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any monthly benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require proof of loss. Such proof can include but is not limited to copies of your Covered Business Expenses, state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records of your business where you own a portion of a business.

### **Authorizations, Examinations and Interviews**

As part of furnishing Proof of Loss or continuing loss, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and

- (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
- (c) one or more interviews with our authorized representative or representatives; and
- (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## **Payment of Claims**

### **Payee**

Benefits will be paid to the Owner. If the Owner dies, benefits will be paid to the contingent Owner. If no contingent Owner is named, benefits will be paid to the estate of the Owner.

### **Time of Payment**

Subject to **Proof of Loss**, benefits will be paid at the end of each month of Disability for which they are due. Any benefits due but not yet paid when your Disability ends will be paid as soon as we receive **Proof of Loss**.

### **Facility of Payment**

To avoid undue expense or delay, we may pay one of your relatives a reasonable amount of benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

### **Legal Actions**

You may not sue us on this policy: (1) before 60 days have passed after we get written Proof of Loss; or (2) more than three years after **Proof of Loss** is required but not given.

### **Time Limit on Certain Defenses**

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which you are Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on your application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium, except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

### Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get Notice of death within one year in order to qualify for any refund of premiums under this policy.

### Misstatement of Age or Gender

If your Age or gender is misstated, benefits or premiums will be changed.

- (1) If you paid less premium than you should have, the Maximum First Month Total Disability Benefit amount is reduced to what your paid premiums would have bought at the right Age and gender.
- (2) If you paid more premium than you should have, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

### Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Monthly benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or

- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## **Ownership Rights**

### **Ownership**

All policy rights belong to the Owner. The Owner may name a new Owner or contingent Owner by Notice to us. A contingent Owner becomes the Owner upon the Owner's death. If no contingent Owner is named, the estate of the Owner becomes the new Owner upon the Owner's death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### **Assignment**

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

### **Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

### **Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.

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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Business Overhead Expense Disability Policy**

*Nonparticipating*

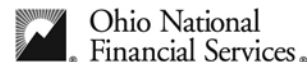
*Noncancellable and Guaranteed Renewable to Age 65*

*Premiums Waived for Total Disability*

*Benefit and Premium Amounts on Page 3*

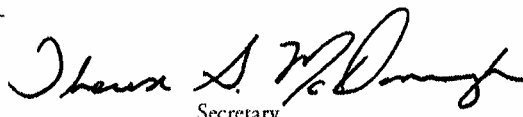
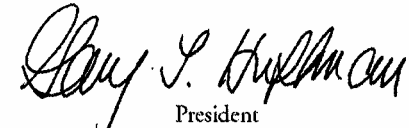


# Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Exclusions and Limitations are shown on pages 10 and 11. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our home office is at One Financial Way, Cincinnati, Ohio 45242.

[   ]  
Secretary President

**20 Day Right To Examine The Policy:** You have the right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Renewal Conditions.** This policy may be continued until the earliest of:

- (1) the Insured's Age 65; or
- (2) the date the Insured terminates Active Full-Time Work with the Business Entity for any reason other than Total Disability; or
- (3) the date the Buy Sell Benefit is paid; or
- (4) the date one person owns more than 90% of the Business Entity; or
- (5) the death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months' premium paid for a period beyond the end date that occurs due to numbers (2), (4) or (5) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

Benefits are reduced if the Insured is Age 61 or older. As shown on Policy Specifications Page 3, benefits of this policy will be reduced depending on the Age at which the Insured becomes Totally Disabled.

## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** 09/15/2012

**Policy Number** H6000000  
**Issue Date** 09/15/2012

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## Policy Specifications

### Benefit Specifications

**Description of Benefits**

Disability Buy-Sell  
With Lump Sum Benefit  
Elimination Period - [365 Days]  
P

(Plus)

Disability Buy-Sell  
With Monthly Installment Benefit  
Elimination Period - [365 Days]  
P

Maximum Benefit Period  
On Monthly Installments - [60 Months]  
S

Maximum Benefits For Total Disability  
Starting:  
[Prior To Age 65] T

### Premium Specifications

Annual Premium	Years Payable	Form Number
-------------------	------------------	----------------

\$[697.00]	[30]	13DB-1
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Q	R	
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\$[839.50]	[30]	13DB-1
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Q	R	
---	---	--

Lump Sum Benefit	Monthly Installment Benefit	Maximum Aggregate Benefit
\$[20,0000] U	\$[5,000] V	\$[500,000] W

**Loss Payee:** John Payee

### Additional Benefit Agreements

Extended Benefit Rider	\$[42.00] X	[30] Y	13DEB-1
------------------------	----------------	-----------	---------

Guarantee of Physical Insurability Rider Maximum Increase Amount \$[250,000] Z	\$[40.00] X	[25] Y	13DGB-1
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**Policy Number**  
H6000000

**Policy Date**  
09/15/2012

**Issue Date**  
09/15/2012

**Insured**  
John Doe

**Issue Age & Sex**  
35 Male

**Owner**  
The Insured

**Total Premium**  
**Annual**  
\$[1618.50]  
AA

**Semiannual**  
\$[829.48]  
BB

**Quarterly**  
\$[424.86]  
CC

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## Definitions

### Active Full-Time Work

The Insured is at work on behalf of the Business Entity for at least 30 hours per week at the usual place of business.

### Age

The Age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Business Entity

The Partnership or Corporation named in the application which employs the Insured and in which the Insured has an ownership interest.

### Buy Sell

The purchase and transfer of the Insured's entire ownership interest in the Business Entity under the terms of the Buy Sell Agreement as a result of the Insured's Total Disability.

### Buy Sell Agreement

A written agreement between the Insured and the Business Entity or you, providing for the Purchase Price, valuation method chosen in the application, and transfer of the Insured's entire ownership interest in the Business Entity in the event of the Insured's Total Disability. The Buy Sell Agreement must be in effect at the time Total Disability began. We are not a party to this agreement.

### Buy Sell Benefit

The benefit amount to be paid under this policy. The maximum amount and frequency of the benefit payments are shown on Policy Specification Page 3. The amount of the Buy Sell Benefit will be the percentage factor times the lowest of:

- (1) the Maximum Aggregate Benefit; or
- (2) the value of the Insured's entire ownership interest in the Business Entity as of the date Total Disability began determined by using the valuation method chosen in the application; or
- (3) the actual Purchase Price paid for the Insured's ownership interest in the Business Entity.

The percentage factor is:

- (1) 100% if Total Disability begins before Age 61;
- (2) 80% if Total Disability begins on or after Age 61, but prior to Age 62;
- (3) 60% if Total Disability begins on or after Age 62, but prior to Age 63;
- (4) 40% if Total Disability begins on or after Age 63, but prior to Age 64;
- (5) 20% if Total Disability begins on or after Age 64.

### Elimination Period

The period of time the Insured must be Totally Disabled before the Buy Sell Benefit is paid. The Elimination Period is shown on Policy Specifications Page 3. If a period of Total Disability from the same or related cause is broken by 365 days or less, all the days of Total Disability count toward the Elimination Period.

**Injury**

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is in force and that is not contributed to in any manner by Sickness.

**Insured**

The person so named on Policy Specifications Page 3. The Insured may not be the Owner or the Loss Payee of this policy.

**Insured's Regular Occupation**

The occupation (or occupations if more than one) in which the Insured is regularly engaged at the time Total Disability began.

**Loss Payee**

The person so named on Policy Specifications Page 3. All Buy Sell Benefits due under this policy will be paid to the Loss Payee.

**Lump Sum Benefit**

The Buy Sell Benefit amount that will be paid in one installment.

**Material and Substantial Duties**

The duties which:

- (1) the Insured is normally required to perform in the Insured's Regular Occupation for the Business Entity; and
- (2) cannot be reasonably omitted or changed.

**Maximum Aggregate Benefit**

The sum of all Monthly Installment Benefit payments, if any, payable for the Maximum Benefit Period shown on Policy Specifications Page 3 and the Lump Sum Benefit, if any, shown on Policy Specifications Page 3.

**Maximum Benefit Period**

The longest period of time that the Buy Sell Benefit will be paid for Total Disability of the Insured from the same or related cause, if a Monthly Installment method is used.

**Monthly Installment Benefit**

The monthly Buy Sell Benefit amount that will be made for the Maximum Benefit Period.

**Notice**

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

**Owner**

The person so named on Policy Specifications Page 3 with all policy rights.

**Physician**

A person (other than you or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

**Policy Years**

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

**Pronouns**

"Our," "us" or "we" means Ohio National Life Assurance Corporation. "You," "your" or "yours" means the Owner.

**Purchase Price**

The amount you are obligated to pay the Insured according to the terms of the Buy Sell Agreement if the Insured becomes Totally Disabled.

**Sickness**

Any illness or disease first manifested while this policy is in force including complications due to pregnancy or childbirth.

**Total Disability or Totally Disabled**

The Insured has a Total Disability or is Totally Disabled if due to a Sickness or Injury, in and of itself, all of the following apply. The Insured: (1) is not able to do the Material and Substantial Duties of the Insured's Regular Occupation due to Injury or Sickness; and (2) is not doing any work for the Business Entity.

**Benefits****Eligibility for Buy Sell Benefit**

We will pay the Buy Sell Benefit to the Loss Payee if all of the following occur:

- (1) the Insured suffers a Total Disability which begins during his or her Active Full-Time Work with the Business Entity;
- (2) Total Disability lasts for the entire Elimination Period;
- (3) the Buy Sell Agreement is in effect at the time Total Disability began; and

- (4) we receive satisfactory proof that the Buy Sell has taken place and either the Purchase Price has been paid or scheduled payments are due. Proof must include:
- (a) a copy of the Buy Sell Agreement in effect when the Insured's Total Disability began;
  - (b) the date of transfer of the ownership interest;
  - (c) the Purchase Price plus documentation of either the payment or the scheduled payments with due dates;
  - (d) the valuation of the Business Entity pursuant to the valuation method chosen in the application; and
  - (e) the names of all buyers of the Insured's ownership interest.

Once Monthly Installment Buy Sell Benefits become payable, we will continue to pay Buy Sell Benefits during the lifetime of the Insured until the end of the Maximum Benefit Period whether or not the Insured remains Totally Disabled.

In order to determine the Buy Sell Benefit, we reserve the right to request and examine the financial records of the Business Entity and the Principals who are parties to the Buy Sell Agreement. These records include but are not limited to, Federal Income Tax returns, Income Statements, Balance Sheets and Audit Reports. We also reserve the right to require an independent valuation of the Business Entity.

If the Buy Sell Benefit we actually pay is less than the Maximum Aggregate Benefit shown on Policy Specifications Page 3, we will refund part of the last 12 months' premium paid. This refund will be the difference between: (1) the last 12 months' premium paid; and (2) the premium for the same 12 month period for the amount of Buy Sell Benefit actually paid.

Payment of the Buy Sell Benefit will be in a Lump Sum, or in Monthly Installments, or as a combination of both as specified on Policy Specifications Page 3.

### **Coordination of Benefits**

If you have any valid disability buy sell insurance coverage with another insurer in effect at the time Buy Sell Benefits become payable, the Buy Sell Benefit payable under this policy will be reduced to the proportion this policy's benefit bears to the total amount of disability buy sell insurance coverage. The total benefits paid by this policy and any other disability buy sell coverage in effect at the time Buy Sell Benefits become payable will not exceed the Purchase Price.

### **Regular Care of a Physician**

In order for the Loss Payee to be eligible for Buy Sell Benefits or for us to waive premium under this policy, the Insured must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Total Disability. The Physician must be qualified by training or experience to treat the condition causing Total Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve the Insured's condition, we may waive this requirement. However, waiving this Physician care requirement does not change or affect our rights under the **Proof of Loss** and **Authorizations, Examinations and Interviews** provisions found in this policy.

### **Installment Payment Option**

If you so elect, the Lump Sum benefit may be paid in installments. The election must be in writing. The period over which the benefit is paid must be agreed to by us.



## **Additional Provisions**

### **Transfer of Coverage**

After this policy has been in force for two years, coverage on the same Insured can be transferred to a new Owner if all the following conditions are met:

- (1) the new Owner is not the Insured;
- (2) the Insured is under Age 60;
- (3) the Insured is not Totally Disabled and has not received Buy Sell Benefits under this policy;
- (4) the Insured ends Active Full-Time Work with the original Business Entity;
- (5) the Insured has begun Active Full-Time Work with another Business Entity in which he or she owns at least 10% but not more than 90% of the new Business Entity;
- (6) a Buy Sell Agreement using the valuation method chosen in the application is in effect on the new Business Entity at the time of the Transfer of Coverage;
- (7) the New Owner must meet our underwriting requirements, which apply to Buy Sell coverage; and
- (8) the transfer must occur within 90 days of termination of Active Full-Time Work with the original Business Entity.

The new policy benefit will be based on the Insured's share of the value of the new Business Entity, but not to exceed the Maximum Aggregate Benefit of the original policy. Evidence of the Insured's good health will not be required.

### **Waiver of Premium**

If the Insured is Totally Disabled for at least 90 days, we will waive payment of premiums which come due while the Insured is Totally Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Total Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until the Insured's Total Disability ends.

## **Exclusions**

Buy Sell Benefits will not be paid for a Total Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while the Insured is legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to the Insured's committing, or attempting to commit, a felony; or
- (5) in the event that the Insured's Material and Substantial Duties normally require that he or she be licensed with a federal, state, or industry regulatory body, during any period his or her license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from the Insured being engaged in, an illegal occupation; or

- (7) caused by an intentionally self-inflicted Injury; or
- (8) caused by an attempt to commit suicide while sane or insane; or
- (9) caused by an Injury while the Insured is under the influence of alcohol or drugs.

## **Limitations**

### **Pre-existing Conditions**

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay Buy Sell Benefits for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a Physician.

## **Claims**

### **Notice of Claim**

We must receive written notice of a claim within 30 days after the Insured has experienced an Injury or Sickness, or as soon as you reasonably can. Notice must be received at our Home Office.

### **Claim Forms**

Within 15 days after we get a **Notice of Claim** notification, we will send claim forms. If we do not, you can send us your own written proof of the Insured's Total Disability. You must show the kind and extent of the Insured's Injury or Sickness and the Total Disability that has occurred.

### **Proof of Loss**

Written Proof of Loss satisfactory to us must be received by us at our Home Office within 90 days after the date your Total Disability began. If it was not reasonably possible to provide us with Proof of Loss within such time, then your claim will not be affected provided you provide Proof of Loss as soon as reasonably possible. However, unless you were declared legally incapacitated by a court of law, we will not pay any Buy Sell Benefits if Proof of Loss is not received within one year after the date your Total Disability began.

We will require proof of loss. Such proof can include but is not limited to copies of your and the Insured's state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports, details regarding the Insured's Material and Substantial Duties, and any other records and statements which contain facts we need.

This requirement will also apply to the records for any Business Entity where the Insured owns a portion of the business.

### **Authorizations, Examinations and Interviews**

As part of furnishing **Proof of Loss** or continuing loss, you and the Insured must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and

- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
- (a) one or more examinations by a medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative or representatives; and
  - (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business or the Insured's business where you or the Insured own any portion of a business in which the Insured provides personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you or the Insured refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, benefits will not be paid or will cease to be paid.

## **Payment of Claims**

### **Payee**

Buy Sell Benefits are paid to the Loss Payee.

### **Time of Payment**

Subject to **Proof of Loss**, Buy Sell Benefits will be paid at the end of the month of Total Disability for which they are due.

### **Legal Actions**

You may not sue us on this policy: (1) before 60 days have passed after we get written **Proof of Loss**; or (2) more than three years after **Proof of Loss** is required but not given.

### **Time Limit on Certain Defenses**

After this policy has been in force for two years (and for two years after reinstatement), excluding any period during which the Insured is Totally Disabled, we can use only fraudulent misstatements on his or her application (or his or her reinstatement application) to void this policy or to deny a claim for Total Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Total Disability that starts after two years from the Policy Date on the grounds that a Sickness or a physical or mental condition which was misrepresented or not disclosed on the Insured's application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on the Insured's application.

## Premiums

### Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until Age 65 is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

### Grace Period

You have 31 days of grace after the due date to pay each premium except the first. This policy stays in force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Gender** provision.

### Insured's Death

If the Insured dies while this policy is in force, we will refund that part of the premium paid for any time after the Insured's death. We must get written notice of death within one year in order to qualify for any refund of premiums under this policy.

### Misstatement of Age or Gender

If the Insured's Age or gender is misstated, Buy Sell Benefits or premiums will be changed.

- (1) If the premium paid was less than should have been paid, Buy Sell Benefits will be reduced to what premiums would have bought at the right Age and gender.
- (2) If the premium paid was more premium than should have been paid, we will pay back the excess. From then on, premiums will be for the right Age and gender.
- (3) If the policy would not have taken force or if premiums are paid beyond the normal ending date, we will pay back any premium for which coverage was not available at the right Age and gender.
- (4) If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

### Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back in force up to six months beyond the due date. We will require proof that the Insured can be insured. Such proof must be received at the Home Office within 45 days from the request. If this policy has lapsed, no premium payment will be accepted until such time as the policy has been reinstated. The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the approval date of the reinstatement.

Benefits will not be paid for any Total Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date, unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## **Ownership Rights**

### **Ownership**

All policy rights belong to you. If we agree, you may name a new Owner or contingent Owner. We must receive Notice of any change. We are not bound by a change unless: (1) we agree; or (2) all conditions of the **Transfer of Coverage** provision have been met. A contingent Owner becomes the Owner upon your death.

### **Cancellation by Owner**

You may cancel this policy at any time by Notice delivered or mailed to us effective upon receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### **Assignment**

This policy may not be assigned.

### **Entire Agreement**

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of this Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

### **Governing Law**

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which the policy is issued.

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# Ohio National Life Assurance Corporation

Ohio National Financial Services

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## **Disability Buy Sell Policy**

*Nonparticipating*

*Renewable To Age 65*

*Renewable at Stated Conditions, Premiums are Guaranteed*

*Premiums Waived for Total Disability*



## **Rider**

### **Guarantee of Physical Insurability**

This rider is part of your policy. It is subject to the terms of the Basic Policy. The benefit and premium data are shown on Policy Specifications Page 3 of the Basic Policy. Rider premiums must be paid as part of the policy premiums until Age 55.

### **Definitions**

#### **Basic Policy**

This is the policy to which this rider is added.

#### **Increase Amount**

The added amount of Maximum Aggregate Benefit bought by use of this rider.

#### **Increase Date**

The day an Increase Amount takes effect.

#### **Maximum Increase Amount**

This is the sum of all Increase Amounts and is shown on Policy Specifications Page 3 of the Basic Policy.

#### **Option Date**

The Option Date is each second policy anniversary date to Age 55.

### **Benefit**

#### **Basic Policy**

You may buy an Increase Amount on the Option Date if the Insured is not Totally Disabled.

The amount of each Increase Amount you may buy on each Option Date shall be no more than 20% of the original Maximum Aggregate Benefit. The sum of all such Increase Amounts bought by use of this rider may not be more than the Maximum Increase Amount.

If the Insured is Totally Disabled on any option date, the value of his or her ownership interest for purposes of the Increase Amount will be deemed to be the value of such ownership interest when he or she was first Totally Disabled. The Increase Amount will cover only Total Disability that starts after its Increase Date. If the Insured is Totally Disabled on or before the Option Date, he or she must have recovered for at least 365 days before a later Total Disability from the same or related cause will be covered under the Increase Amount.

#### **Conditions**

In order for you to buy an Increase Amount:

- (1) this rider must be in force; and
- (2) premiums must be paid to the Increase Date.

You must send a written request to us for the Increase Amount. The premium for the Increase Amount must be paid by the Increase Date. The premium will be based on the Insured's Age and the rates in effect for the Basic Policy as of the Increase Date.

The Increase Amount, when added to all other Disability Buy Sell insurance then in force on the Insured, shall not exceed our then published issue and participation limits for such insurance.

The risk class and exclusions for the Basic Policy will also apply to the Increase Amount.

### **Time Limit on Certain Defenses**

**The Time Limit on Certain Defenses** provision contained in the Basic Policy applies to this rider effective beginning on the date this rider begins or is reinstated; but, with respect to each Increase Amount, this provision will apply beginning with each respective Increase Date.

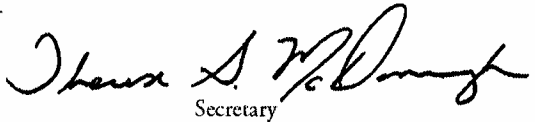
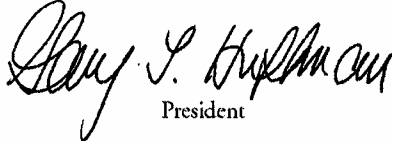
### **Termination**

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your age 55; or
- (4) your written request to end this rider.

If a rider premium is paid for a period after this rider should end, that premium will be refunded.

### **OHIO NATIONAL LIFE ASSURANCE CORPORATION**

[   ]  
Secretary President

**Ohio National Life Assurance Corporation**

P.O. Box 237, Cincinnati, Ohio 45201

**DISABILITY INCOME PROTECTION COVERAGE****Business Overhead Expense Disability Policy****Form 13DE-1****Outline of Coverage****Retain This for Your Records**

(Return One Signed Copy to the Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Income Protection Coverage** is designed to cover you for disabilities resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) <b>Benefits</b>	<b>Benefit Amount</b>	<b>Elimination Period</b>	<b>Maximum Total Benefit</b>
<b>Maximum First Month Total Disability Benefit</b>	\$10,000 per month	90 Days	\$ 120,000
<b>Waiver of Premium</b>	If Disabled for at least the Elimination Period.		
<b>Basic Policy Premium</b>	<b>Annual Premium \$</b>	<b>803.00</b>	

Covered Business Expenses are normal and customary business expenses that you regularly incur in your business. They are the kinds of expenses that are deductible for federal income tax purposes.

Salaries of members of your family are covered provided that:

- (a) No salary increase made while you are disabled will be a covered expense; and
- (b) The family member was a paid employee of the business during the last 180 days prior to the time your disability begins.

Covered Business Expenses do not include:

Your salary, profits, or other payments to you; Bonuses; Drawing accounts; Charitable contributions; Personal expenses; Repairs or improvements on equipment or buildings; Profits, salary or other payments for any of the other members of your business or other persons with whom you share business expenses; The cost of any merchandise, equipment, furniture, tools or other products used in your Business; Income taxes or any business expense for which you were not regularly liable before your Disability began; Any financial obligations, including insurance premiums, which are waived during a Disability; Entertainment expenses; Depreciation or other intangible expenses; The cost of any goods, inventory, or merchandise of any nature purchased for sale; Any expense for which you were not normally and customarily liable on a periodic basis prior to the start of Disability; Any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date you became Disabled; Any ongoing expenses after the sale of your business.

(4) **Policy Exclusions and Limitations.** No benefit is paid if:

- (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (b) you are incarcerated; (c) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (d) the disability was caused by an intentionally self-inflicted injury or your attempting to commit suicide; (e) your license has been suspended or revoked; (f) the cause of the disability has been excluded by use of an Exclusion Rider; or (g) the disability was caused by an injury while you were under the influence of alcohol or drugs.

Pre-existing Conditions are not covered if:

- (a) You misrepresented or failed to reveal the condition on your Application; and
- (b) Disability is due to a sickness or a physical or mental condition for which:
  - (b1) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
  - (b2) medical advice or treatment was recommended by, or received from, a physician.

**Time Limit on Certain Defenses.** After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on an application can be used to void your policy or to deny a claim for disability. No claim for a Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Disability by name, or there were fraudulent misstatements on your application.

(5) **Optional Benefits** **Premium**

- ☐ **Additional Monthly Benefit Rider - Form 13DSM-1** \$ 209.50

Additional monthly benefits available during the first six months of disability after completion of the elimination period.

- ☐ **Guarantee of Physical Insurability Rider - Form 13DGI-1** \$ 28.50

You may buy additional business overhead expense coverage on any policy anniversary without proving that you can be medically insured. The Increase Amount must be at least \$200. You may not have an Increase Amount that will give you more than our maximum issue limit for such coverage in effect at the time of the increase.

(6) **Renewal Provisions.** As long as you pay premiums, we cannot cancel your policy. You may renew it to Age 65. Until then, we cannot raise the rates.

You can renew your policy after Age 65 up to and at Age 75 if you continue to work at least 30 hours a week and the policy was in force for the prior policy year. (Any rate change after Age 65 will be based on your attained age, and your risk class and sex as of the policy date.)

(7) **Annual Premium\*** \$ 1,041.00

Also payable at \$ 273.26 Quarterly to Age 65

Grace Period: 31 Days

\*Includes \$ 75.00 policy fee.

**I received this Outline of Coverage on** \_\_\_\_\_

**Applicant** \_\_\_\_\_

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.

**Licensed Resident Agent** \_\_\_\_\_

**Local Telephone Number:** \_\_\_\_\_

**Ohio National Life Assurance Corporation**  
**P. O. Box 237, Cincinnati, Ohio 45201**  
**Disability Buy Sell Protection Coverage**  
**Form 13DB-1**  
**Outline of Coverage**  
**Retain This for Your Records**  
(Return One Signed Copy To The Home Office)

- (1) **Read Your Policy Carefully.** This Outline of Coverage briefly describes the important features of your policy. This is not your insurance policy. Only the policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!** Remember, if you are not satisfied with your policy, you have 20 days to return it to Ohio National and get your money back.
- (2) **Disability Buy Sell Coverage** is designed to cover the Insured for a Total Disability resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, medical, surgical or major-medical expenses.

(3) Benefits	Benefit Amount	Elimination Period	Benefit Period
Lump Sum	\$200,000	365 Days	N/A
Monthly Installment	\$5,000	365 Days	60 Months
Maximum Aggregate Benefit	\$500,000		
Transfer of Coverage	After 2 years the policy can be transferred to a new owner if stated conditions are met. Benefits cannot exceed the original maximum aggregate benefit.		
Waiver of Premium	If Totally Disabled for at least 90 days.		
Basic Policy Premium	Annual Premium	\$1,536.50	

The amount of the Buy Sell Benefit will be the percentage factor times the lowest of: (a) the Maximum Aggregate Benefit; (b) the value of the Insured’s ownership interest in the Business Entity determined using the valuation method chosen in the application; or (c) the actual Purchase Price paid.

The percentage factor is:

- 100% if Total Disability begins before Age 61
- 80% if Total Disability begins on or after Age 61 but before Age 62
- 60% if Total Disability begins on or after Age 62 but before Age 63
- 40% if Total Disability begins on or after Age 63 but before Age 64
- 20% if Total Disability begins on or after Age 64.

- (4) **Policy Exclusions and Limitations.** No benefit is paid if: (a) Disability is due to war or act of war, declared or undeclared, or is related to military service; (b) you are incarcerated; (c) your committing or attempting to commit a felony or your being engaged in an illegal occupation; (d) the disability was caused by an intentionally self-inflicted injury or your attempting to commit suicide; (e) your license has been suspended or revoked; (f) the cause of the disability has been excluded by use of an Exclusion Rider; or (g) the disability was caused by an injury while you were under the influence of alcohol or drugs.

Pre-existing Conditions are not covered if:

- (a) you misrepresented or failed to reveal the condition on your application; and
- (b) Disability is due to a sickness or a physical or mental condition for which: (b1) Symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (b2) medical advice or treatment was recommended by or received from a physician.

Time Limit on Certain Defenses

After the policy has been in force for 2 years and for 2 years after a reinstatement, only fraudulent misstatements on the Insured’s application can be used to void this policy or to deny a claim for Total Disability. No claim for a Total Disability that starts after such 2 years will be reduced or denied unless the policy excludes the cause of Total Disability by name, or there were fraudulent misstatements on the Insured’s application.

**(5) Optional Benefits** **Premium**

<input type="checkbox"/>	<b>Extended Benefit Rider - Form 13DEB-1</b>  No reduction in benefits due solely to Total Disability occurring after Age 61.	\$42.00
<input type="checkbox"/>	<b>Guarantee of Physical Insurability Rider - Form 13DGB-1</b>  Until Age 55, you may buy additional disability buy sell coverage on each second policy anniversary without proving that you can be medically insured. The Increase Amount cannot be more than 20% of the original Maximum Aggregate Amount. You may not have an Increase Amount that will give you more than our maximum issue limit for such coverage in effect at the time of the increase.	\$40.00

**(6) Renewal Provisions.** The policy may be continued until the earliest of: (a) the Insured’s Age 65; (b) the date the Insured terminates active full-time work with the Business Entity for any reason other than Total Disability; (c) the date the Buy Sell Benefit is paid; (d) the date one person owns more than 90% of the Business Entity; or (e) the death of the Insured.

This policy terminates on the earliest of the above dates. We will refund up to 12 months’ premium paid for a period beyond the end date that occurs due to items (b), (d) or (e) above.

As long as the premium is paid on time, we cannot change the policy or its premium rate.

**(7) Annual Premium\*** \$1,618.50

Also payable at      \$424.86    Quarterly to Age 65

Grace Period: 31 Days

\*Includes \$75.00 policy fee.

I received this Outline of Coverage on \_\_\_\_\_  
Applicant: \_\_\_\_\_

I certify that the above information is complete and accurate and that I have explained each item to the Applicant.  
Licensed Resident Agent \_\_\_\_\_

Local telephone number: \_\_\_\_\_